MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15179 15176 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Carroll a. STATE b. COUNTY MARYLAND Jarvland 24 hours ofter c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Westminster Westminster dav filled*fn Sort popers within 72 h e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS County General Hospital Carroll Liberty Street YES NO TO The low requires that the death certificate be executed within carbon 3. NAME OF First Middle 4. DATE Manth Last Day Year physician and completely DECEASED HATTIE E. ALDRIDGE 1967 November (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED (last birthday) Manths Haurs Female White WIDOWED DIVORCED Sent. 11, 1911 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY,? Carroll Co., Md. Machine Operator . D. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Aldridge Carrie M. Phillips 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na. ar unknown) (If yes give war ar dates of service) 213-05-1633 Miss Mildred Aldridge Same As Above INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO buriol, Subarachwork housen Il hours Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause by the hospitol or ottending os the hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING [detached for the Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Nat While Haur a.m. factory, street, affice bldg., etc.) at wark should be 21. I certify that (I) (this haspitol), attended the deceased from____ 19 6), that (1) (we) last 19 67, to ro Hospital or ATTEND Poge 4 may be retained 1967, and that death occurred at 6 M, from couses and on the date stated above. saw the deceased olive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) OHN director, should b

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Nem.

VR A15 (4) 20 M 1/66

ADDRESS 24 FUNERAL DIRECTOR Waltz Box 241 Sykesville. Md.

23b. DATE THEREOF

23a. BURIAL, CREMATION,

REMOVAL (Specify)

2Sa. REC'D BY REGISTRAR

Garder

23d. LOCATION (City or Town)

Carroll

2Sb. REGISTRAR'S SIGNATURE

(State)

(County)

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DALLEY THE PARTY.			
	Marine The Land	May 5 where	
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A CONTRACTOR OF THE CONTRACTOR	4		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral f and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Carroll MARYLAND Maryland Baltimore City ges b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) the CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural filled in by papers. Po thin 72 haugh Sykesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1721 Caroline Street Springfield State Hospital NO TO within carban NAME OF Middle 4. DATE First Lost Year completely DECEASED Calvin Alston 1967 November 23 (Type or print) DEATH and in any event, IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** remave 6 ost birthdoy) Months Dovs Hours 7-4-1903 DIVORCED WIDOWED Negro Male pup 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel worker 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT **INDUSTRY COUNTRY?** North Carolina U.S.A. Steel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. James Alston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service Springfield StateHospital "ecords burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit Bronchogenic Carcinoma IMMEDIATE CAUSE (o) _ Months be retained by the hospital or attending physician. signed ! DUE TO Conditions, if ony, which gove Pulmonary Tuberculosis Months rise to immediate couse (a). DUE TO ficate has been s far use as the b f Health priar ta b stoting the underlying couse lost. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 0011 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH State Dept, af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (I) (this hospital) attended the deceased from 11-15-67 d from 11-15-67, 19 to 11-23-67, 19, that (I) (we) last and that death accurred at 7:10AM, from causes ond an the date stated obove. to 11-23-67, 19__, that (I) (we) last DIRECTOR: saw the deceased alive on 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. director, page 3 shauld be filed v 77-23-67 PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) Julian R. Radzykewcz, M.D. Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Munica VR A15 (4) 25M 1/67 in JN-1735-37 Har

- PE N 12 To 1 forces - torque forces en en en

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

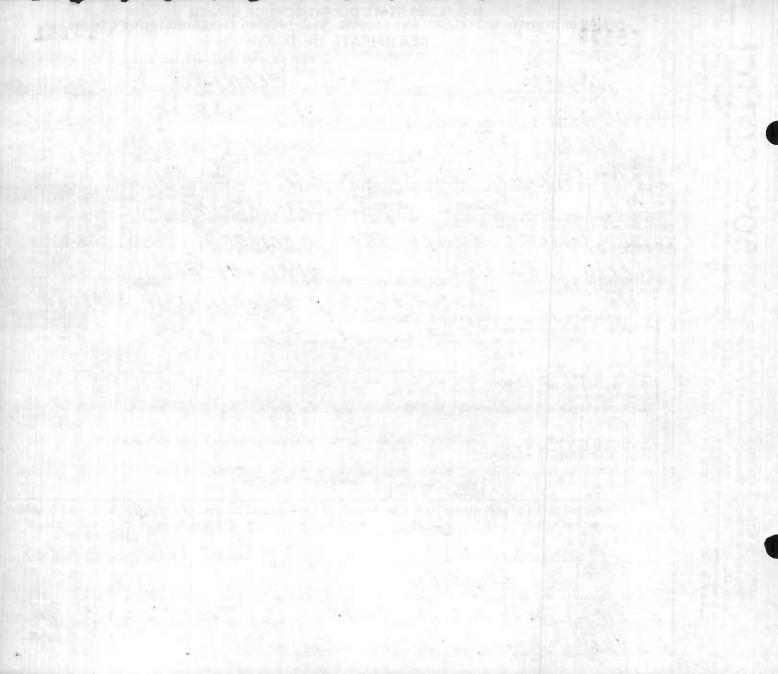
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

	THE PARTY OF THE PARTY AND THE PARTY OF THE	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND.
15178	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH	19191

- 1	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
		a. COUNTY CARROLL MARYLAND	a. STATE MARVIAND b. COUNTY OA	PRILL
	_	b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	1	write RURAL and give nearest town)	NEW WINDSOR	06-1
	11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	l e. IS RESIDENCE
0		MURAH ST	PHILRAH ST	ON A FARM?
_	3.	NAME DF First Middle	11 6/10/16/1 31.	YES ND
	٥.	DECEASED 01/4 DI == ======	Last 4. DATE Month OF. WALL	Day Year
	5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. ACE (In years IF UNDER	196/
		M 10/ MARKIED MEVER MARKIED		Days Hours Min.
	100	WIDOWED DIVORCED	EP128-1878 11 yrs.	
	duri	. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT UNTRY?
	Oh	INER + OPERATOR HARDWARE STORE	MARYLAND	15A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		DAVID BACHMAN	MARY LANYER	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) ((If yes give war or dates of service)	INFORMANT Address	
	(NO 213-10-9238 Co	RA BACHMAN NEW WIN	DSOR
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterioset	entire CVD	ONSET AND DEATH
		4221 DUE TO		
		Cenditions, If any, which (b)		
		gave rise to Immediate		
		cause (a), stating the underlying cause last.		
	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
3	ATI			PERFORMED?
	FI	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The section in the section of the section and	
			CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	ity) (State)
	ME	p.m. 19 at work at work		
		21. I certify that (I) (this hospital), attended the deceased from	3/22/56 19 to ///3/67 19	_, that (i) further tast
			death occurred at 5 DM, from the causes and on the	
		22a. SIGNATURE	ATTENDING MED CTAFF	TE SICNED
		M.E. Obertron M.D	DIRECTOR PHYS.	114/67
		22c. PHYSICIAN'S NAME (Type) M C RARERTONAL	22d. ADDRESS	
		INE HODENISON		
	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	_7	BURIAL WOVIG-1967 LUTHERA	NTANEYTOWN	1110
	24.	FUNERAL DIRECTOR ADDRESS	The 1 11011 0 11 1007 0011.	SICNATURE
	1	Drangery sons few Umdsor.	Md DATE NOV 17 1967 Milion	and June 1
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15179

CERTIFICATE OF DEATH

15182

1. PLACE OF I	DEATH			1 2 USUAL RESIDENCE	(Where deceased lived, if instituti	an: Residence be	fare admission		
a. COUNTY	Carroll		MARYLAND	o STATE	ryland b. COUN				
b. CITY OR	TOWN (If outside corporate lim	its	c. LENGTH OF STAY IN 1b		outside carparate limits, write RUR	AL and give nea	rest town)		
Parente RL	RAL and give negrest tawn) -Sykesville	,	8mo. 15days	Baltimo		are and give nee	20-4		
	HOSPITAL OR INSTITUTION (IF	nat in bachital aiv		d. STREET ADDRESS	T.A		e. IS RESIDENCE		
	field State H		e siteet oddress)		rchwood Avenue		ON A FARM?		
3. NAME OF First Middle Last 4. DATE Manth DECEASED OF TI									
(Type or pri	int)	Ida	Mae	Bagley	DEATH 11		17 1967		
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 2/9/85	9. AGE (In years last birthday) yrs.	Months Day			
10a. USUAL OCC	UPATION (Give kind of work don warking life, even if retired)	e 10b. KINI	O OF BUSINESS OR JSTRY		y & State, ar fareign country)	12. CITIZEN COUNTR			
13. FATHER'S	3. FATHER'S NAME				NAME				
Justo	n P. McLaughl	in		Elizabet	h Pinkerton				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEA HMMEDIATE CAUSE (o) Coronary thrombosis								
rise to im	s, if any, which gave mediate cause (a),	(b)	Cardiac fail	ıre			days		
last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(0) the Chronic brain disease with									
20a. ACCIE OR CONTR (IF EITHER.	Dehavioral reaction 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME	OF INJURY Month, Day, Year Hour o.m. p.m. 19	While	Nat While fo	ACE OF INJURY (Hame, fa ictary, street, affice bldg., et		(Caunty)	(Stote)		
	certify that (x) (this ha	spital) attende	the deceased fram_ 19.67, and th	3/2/ at death accurred o	1967 to 11/17 t 9:15%, Hom causes	, 19 67 , and an the d	that \$1) (we) late stated abo		
22a. SIG	220. SIGNATURE Can Meen M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIL/17/67								
22c. PHY	ME (Type) Edmee J	Reeves			Springfield St Sykesville, Mar	yland	pital		
Buria	(Specify) 11/2	HEREOF D/67.		mer Cemetery		e, Md.			
24. FUNERAL Leonar	d J. Ruck, Inc	. Balto	. Md. 21214	DATE C	TO BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, orbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours offer death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

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	3/2/ 0132919, 11.17/	10 11211						
	w Minister of the American Company of the Company o	saves, T. L.	E.I. MAIO					
	r Desertery . Exitingre,	Poly To Joseph	AVXVII Salvar					
		MASSES . HE. CAIGA	leaded. dam, ter.					

y delay is **Beportment** and 3 necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 1, the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with Form in pencil in Item 18. Give Pages, 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If State 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages land 2 with the Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)

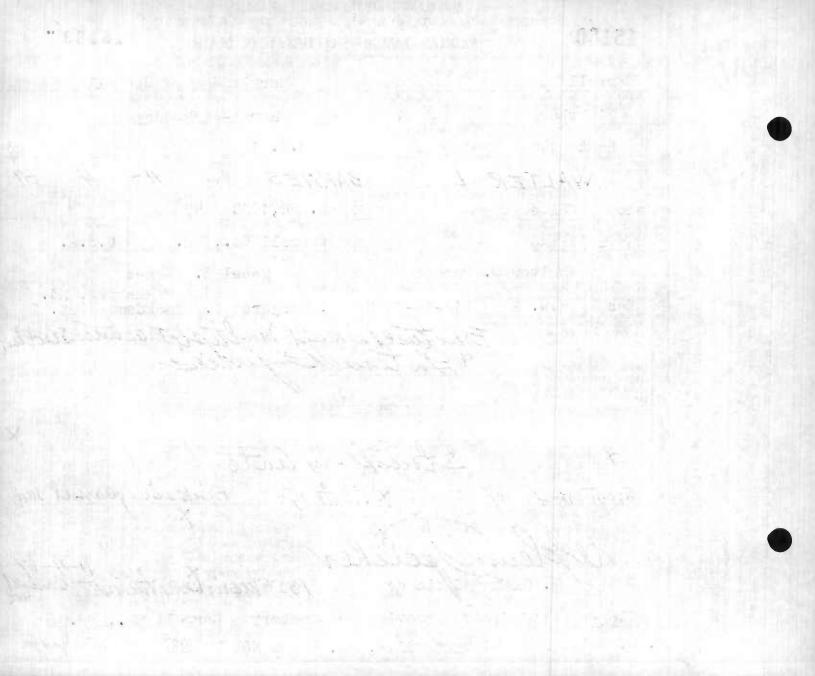
15180

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15183

		PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if	institution: Residen	ce before odmission)				
	1	Carroll	MARYLAND	Mary	rland	Carrol	1				
-	l	o. CITY OR TOWN (If autside carporate limits, write RURAL and give_nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote limits, w	rite RURAL ond giv	e neorest town)				
		Finksburg '	?	Rui	ral-Finksb	urg	06-1				
4.00	(A. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
00		Route 140		R.D.	1		YES NO 🔀				
	- 1	NAME OF DECEASED Type or print) WALTER L	Middle BA	RNES	4. DATE OF DEATH	Month //	Day Year 4 1967				
	S. S	V. COLOR OR RACE /. MARKIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	ears IF UNDER doy) Manths					
	1	Tale White WIDOWED	DIVORCED X	an. 20,19	20 Hast pirth	yrs. Manins	Doys Hours Min.				
			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State or foreign country) Carroll Co., Md. 12. CITIZEN OF WHAT COUNTRY?							
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN							
		Walter G. Bar	rnes	Ma	abel E. Ba	rnes					
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT		iMiksbur	oc Ma				
	(Ye	s, no or unknown) (If yes give war or dates of service)	3-14-2605 Mr	s. Margar	et A. Edn	ondson	Rt. 2				
/		PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o)) Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last. (c)	Talen	Rulf. Mi	intele	riache	William Comments				
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY™ OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCUPRED.	(Enternature of mory in	Por I or Port II ol item	18.)					
06	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. If While of world of world world world with the control of the contro	Not While of foct	CE OF INJURY (Home, for or other, ollice bldg., et	1 - "	Exerge	unty) (Stote)				
		21. I certify that I took charge of the ren		eld on Autopsy []	, Inspection ,	Inquity ,	ond in my opinion				
		ACTUAL PRESE	Ing Ji lo	CHIEF MEDICA	AL EXAMINER EDICAL EXAMINER		22. DATE SIGNED				
		SIGNATURE WHITE	perene	MI.U.	ICAL EXAMINER	1	11-4-67				
7		EXAMINER'S W. Glenn S	eicher eicher	19656	warer wells	truins	tes Canol				
	230	BURIAL, CREMATION, REMOVAL (Specify) 11/7/1967	23c NAME OF CEMETERY OR Providence		23d. LOCATION (Gir	,	(County) (Stole)				
A	C .	FUNERAL DIRECTOR M. Waltz Box 241 Syl	ADDRESS	2So. RE	C'D BY REGISTRAR	REGISTRAR'S S					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

15184

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages Land should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 bours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

	· office		CLKTIFICAL	L OF DEATH						
PLACE OF DEATH O. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE a. STATE Mar	(Where deceased yland	lived, if institut b. COUN		befare o	ıdmissio	n)
	N (If outside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a		imits, write RUF	RAL and give	nearest t	awn)	
	ykes ville		16y. 8m. 23d.	Baltimor	e				20	- 4
	PITAL OR INSTITUTION (If n		ive street address)	d. STREET ADDRESS				е.	S RESID	ENCE
Springfi	eld State Ho	spital		5207 Pem	broke A	venue		YES		NO X
3. NAME OF	F	irst	Middle	Last	4. DATE	Mont	h	Day	Yea	ır
(Type or print)	AJ	ice	Everette	Bauer	OF DEATH	11		24	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1		UNDER	
female	white	WIDOWED	DIVORCED [1/21/04	6	gst birthday) yrs.	Manths	Doys	Haurs	Min.
10o. USUAL OCCUPAT	ION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, ar fareig	n cauntry)		ZEN OF W	/HAT	
Saleslad	na life even if retired)		pt Store	Virgini	a		COU	NTRY?	US	A
13. FATHER'S NAME			00010	14. MOTHER'S MAIDEN						
John A	lbert Sears			Alice E	arnes					
1S. WAS DECEASED I	EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 17.	INFORMANT		Addre	22			
no no drunknowi	n) (If yes give war or dates	of service)	aknown Spi	ringfield Ho	spital:	records	. Syke	svil	le.	Md.
18. CAUSE OF	DEATH (Enter only one co							INTERV	AL BETY	WEEN
	EATH WAS CAUSED BY: 1MMEDIATE CAUSE	Co	ronary thromb	osis			-	INCH SET	AND	EATH
420	/	10								
Canditians, if a	ny, which gove	(b)								
	iate cause (a),	10								
stating the un	derlying cause	(c)								
_	SIGNIFICANT CONDITIONS		O DEATH BUT NOT DELATED, TO	THE TERMINAL DISEASE CO	NUTTION CIVEN I	N DAPT 1/a)		T19 W	AS AUTO	PSV
E Chroni	c brain sync	rome at	DEATH BUT NOT BELATED TO	h diseases d	i unkno	wn caus	e,	PE	RFORME	ED?
Multip	Le Scierosia	, with	psychotic res	action.	D-4 t D-4 fl	-(: 10)		YES		NO EX
OR CONTRIBUTION	NG ☐ CAUSE OF DEATH	20b. DES	PEKIRE HOW INJURY OCCURRED). (Enter nature at injury in	Part I or Part II	at item 18.)				
7	FY MEDICAL EXAMINER)	001.10	LINDY OCCUPATO L AG DI	ACT OF INDIVIDUAL AND A	1 000 40		15		10	C
20c. TIME OF I				LACE OF INJURY (Hame, far actary, street, affice bldg., etc		ity ar town)	(Coun	ity)	(2	State)
	p.m. 19	at wark	at wark			77 (6	1 10			
	rtify that 🗱 (this has deceased aline an_	spital) attend	led the deceased fram_ 24/_19_67_, and th	gt death accurred a	19 51 to	Pam causes	4/, 19 67 and an the	_, that date :	(× stated	ve) la abav
220. STONATUR	RE DO	Break	Linch	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	E SIGNED	67	
22c. PHYSICIAI	N'S	1		22d. ADDRESS	Springf:			spit	al	
NAME (Ty	pe) Naci N	Buyuku	unsal, M. D.		Sykesvi					
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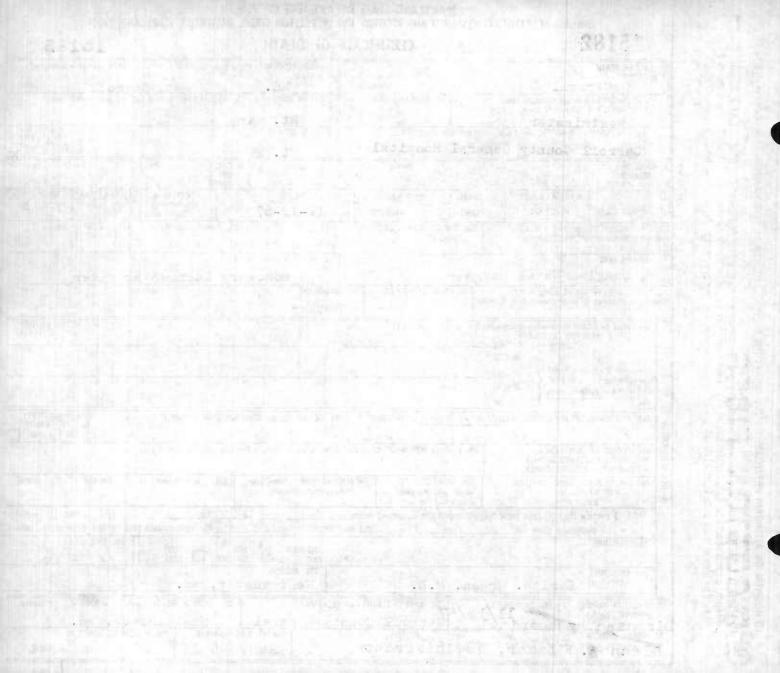
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	11. BIRTHPLACE (County)		ountry)	COU	ZEN OF I	MHAI	
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VR A15 (4) 25M 1/67

1. PLACE DF DEATH a. COUNTY Carroll MARYLA CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN lyr.lmos.22 Sykesville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Springfield State Hospital 3. NAME DF First Middle DECEASED (Type or print) WI LLIAM HENRY S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White Sep. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Coal Miner 13. FATHER'S NAME Edward Beahm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates af service) N O 16. SOCIAL SECURITY NO. Unk. CAUSE DF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Arteriosclerot: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave Gangrene of rig rise ta immediate cause (a). DUE TO stating the underlying cause Generalized ar last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CBS assoc. with cerebral arteriosc. CATION 20b. DESCRIBE HOW INJURY OCCU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Haur o.m. While Nat While ot wark 21. I certify that (I) (this haspital) attended the deceased fr saw the deceased alive an 11-27-67 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Octavio A. Ruiz. 23b. DATE THEREOF 23c. NAME OF CEMETE 23a. BURIAL, CREMATION, BUNDAL (Specify) 11-30-67 Parklawn 24. FUNERAL DIRECTOR Francis H. Laytonsville, Md. Barber

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OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ADDRESS ON A FARM? YES NO IT 3. NAME OF 4. DATE Month Day Year Middle Last DECEASED OF DEATH (Type or print) 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last Kirthday) Months Days Hours WIDOWED Y DIVORCED USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) 13. EATHER'S NAME MOTHER'S MAIDEN NAME U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMAN (war or dates of service) (Yes, no low unkown) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one causa par line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata causa DUE TO (e), stating tha underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) Not Whila While Hour e.m. at work at work 21. I certify that (I) (this hospital) aftended the deceased from 1965 19 to New- 7 19.4.7 that (I) (we) last 19......., and that death occured at I.P.M, from the causes and on the date stated above. saw the deceased alive on...... ATTENDING. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. JADDRESS LOCATION (City, town or NAME OF CEMETERY OR CREMATOR 23 BURIAL, CREMATION, 25a. REC'D BY REGISTRAR DATE NOV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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£ 20 £	15186 CERTIFICATE OF DEATH
er death.	1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Carrall MARYLAND
hours after 6 in by the rs. Pages 2-hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) MANCAESTEI Westennites (RFD)
# # B # 90	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? YES NO
ited within completely ve carbon event, with	3. NAME OF Bring First Esther Middle Bowers Last 4. DATE Month Day Year OF OF DEATH NOV 7 1967
and any any	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH1894 9. AGE (In years last birthday) Months Days Hours Min. JOB. USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
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tem iit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT 215-14-2655 16. SOCIAL SECURITY NO. 17. INFORMANT 215-14-2655 17. INFORMANT 215-14-2655
y the sit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dearn tonal Cell Concurrence Welder Course
equires that ing physic een signe he burial-to burial-to burial.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Limith metalaxics (b) DUE TO (c)
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TENDING PHYSICIAN: tained by the hospital TOR: After this certificational be detached for the State Dept. of H	
d by the After this d be det.	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 And While at work at work 19 Actory, street, office bidg., etc.)
With With	21. I certify that (I) (this hospital) attended the deceased from 121, 1967, to 177, 1967, that (I) (we) las saw the deceased alive on 1967, and that death occurred at 1967, M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. 1/1/167
Page 4 may be 0 FUNERAL DIR director, page should be filed	22c. PHYSICIAN'S NAME (Type) W. H. FOARD M.O MANchester Md
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Silver Run, Carroll Co., Md.
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 Charles Judge DATE NOV. 7 0 1967 ICharles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled An by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	1			2. USUAL R	ESIDENCE (Wh	ere deceased lived, If	Institution:	Residence before admission)
a. CDUNTY	Carroll		MARYLAN		Ma		YTNUC	Carroll
b. CITY DR TOW write RURAL	N (If outside corporate and give nearest tow	te limits, vn)	c. LENGTH CF STAY IN	1b C. CITY DR T	DWN (If outsid Hampst		write RURA	L and give nearest town)
			ospital, give street addre	d. STREET A	-	Jeau		e. IS RESIDENCE
	. Main St.	M (II HOL III H	ospital, give street addre	11	N. Mair	st.		DN A FARM?
3. NAME OF	FI	irst	Middle	Last	4,	DATE MO	onth	Day Year
OECEASED (Type or print)	Morris	L		BROOM	K.S	DEATH NOV.		19 67
5. SEX Male	6. CDLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE DE BI		9. AGE (in year last birthda	y) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL DCCUPAT	IDN (Give kind of work ing life, even if retire	done 10b. K	IND DF BUSINESS DR			State, or foreign cour	ntry) 12. 0	ITIZEN OF WHAT
Farmer	ing ine, even il retire	u) 11	Farming	Carro	oll Co.	Md.		U.S.A.
13. FATHER'S NAM	E			14. MDTHER	'S MAIDEN NA	ME		
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15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. :	17. INFORMANT		Add	iress	
NO NO	(If yes give war or dates o	21	2-24-5655	Mrs. Nor	na Brook	cs Hampst	ead, M	ld. 21074
	DEATH Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	: (A	ine for (a), (b), and (c).]	itorio	(Lev	w. Bra	is)	ONSET AND DEATH
Conditions, If	DUE	TO BA	mcho-an	rice PH	Dains	ma?		6-7mm
gave rise to cause (a), si underlying caus	Immediate DUE		741		occiri.			
		(c) Ons contribu	TING TO DEATH BUT NOT F	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Carl Carl	celms	2000	y come	mysem	n			YES NO F
PART II. DTHERS 20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY O	OCCURRED. (Enter n	ature of Injury	In Part I or Part	II of Item 18	8.)
20c. TIME OF Hour a.r		Year 20d. II	Not While -	PLACE OF INJURY (actory, street, office	Home, farm, bldg., etc.)	20f. (City or town	(Co	ounty) (State)
21. I certif	y that (1) (this host	pital) attende	ed the deceased from	aregust 1	6, 1967	, to		, that (I) (we) last
saw the de	ceased affec on.	There.	1967, and	that death occuri	ed at	M, from the caus		the date stated above.
m.	C. Vari	terfe	ul	M.D. PHYS.	MED. DIRECT	OR PHYS.		DATE SIGNED
22c. PHYSICIA NAME (T)	N'S /pe)	0		22d. ADD		ead, Md.	21074	
23a. BURIAL, CREM BREMDYAL (Spo	Nov. 4,		23c. NAME OF CEME Greenmoun	TERY OR CREMATOR		d. LOCATION (City Greenmour		
24 Tipton -	Eline Fune	eral Ho	me Hampstead	24.4	5a. REC'D BY	REGISTRAR 25b.		R'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15188 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Carroll o. STATE Maryland a. COUNTY Carroll MARYLAND requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Taney town 3 Neeks e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS .= 427 E. Baltimore St. Carroll County General Hospital YES NO THE carbon 3. NAME OF First 4. DATE Last Month Day Year DECEASED 1961 Thurman Nelson Brown DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Haurs Dovs Male White June 28, 1894 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ketired School Teacher INDUSTRY U COUNTRY? pleose attending physicion permit. Then please Carroll County, Md. Schools 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Dennis Joshua Brown Sarah Jane Bankert AddressTaneytown, Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war or dotes of service buriol-transit permit. 212-18-0054 Emma C. Brown, 427 E. Baltimore St. -INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: UREMIA signed by IMMEDIATE CAUSE (a) DUE TO FRONIC RENAL DISEASE Canditians, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying cause has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO F TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING COLORED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 101 3, 19 6% that (1) (we) last 1962, ta 19 67, and that death accurred at R 30 M, from causes and an the date stated above. saw the deceased alive an 220. SRGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION REMOVAL (Specify) Silver Run. Carroll Co. Md. 11/6/67 St. Marys Cemetery ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)

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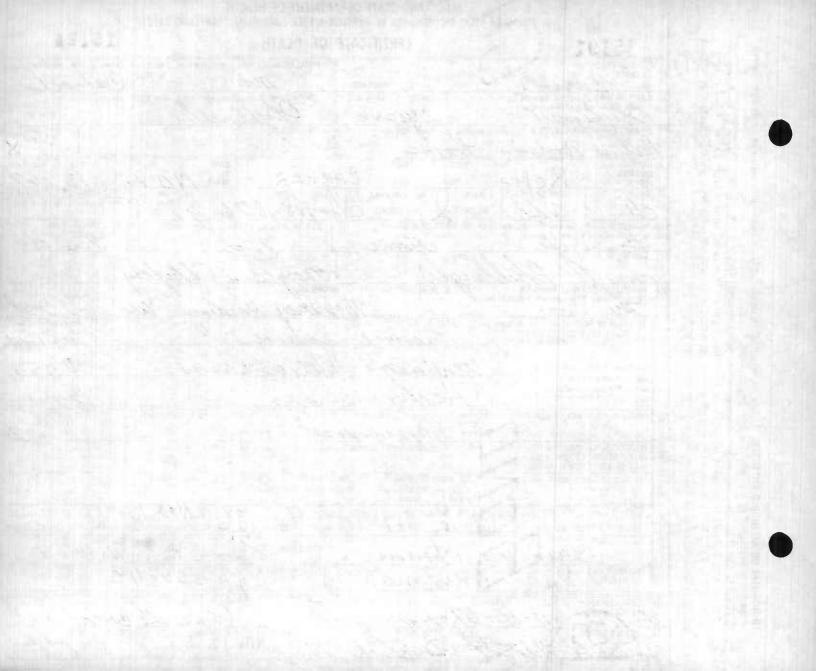
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15190 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY ALLOI delay b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ROAC NAME OF Middle 4. DATE DECEASED OF DEATH IF UNDER 1 YEAR 7. MARRIED AGE (In years last birthday) Months Days Hours WIDOWED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) INEMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAMI This certificate should be executed within pencil NORWOOD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Medicol (Yes, no, ar unknown) (If yes give war ar dates of service) Sykesville event within 18. CAUSE OF DEATH (Enter only one cause per line for burial-transit forwarded ta the Chief PART I. DEATH WAS CAUSED BY writing the word DUE TO any Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal, NO be 20a. EXTERNAL CAUSE WAS PRIMARY OF ORTRIBUTING ☐ CAUSE OF DEATH. INJURY OFFURRED. (Enter nature of injury in Part Lor Part 11 of item 18. 3 should 5 20 TIME OF WURY Manth, Day, Year Dioursa.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm factory, street, office blda.. etc.) at wark pleose execute Inspection XV 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian death resulted fram: Natural causes Suicide X Undetermined manner 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER FUNERAL I Health NAME (Type) 0 EMOVAL (Specify) VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15184 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. pund funerol 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE b COUNTY after MARYLAND in by m. Poges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN of autside carparate limits, write RURAL and give nearest town give negrest fown) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled and in any event, within NO X 3. NAME OF remove corbon Middle 4 DATE Manth Day Year DECEASED CARTER OF DEATH (Type or print) 19 60 S SEX 6. COLOR OR RACE (In yeors IF UNDER YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8ª DATE OF BIRTH birthday) Manths Davs Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if wrired) INDUSTRY COUNTRY? Houselor 13. FATHER'S NAME 14. MOJHER'S MAIDEN NAME cremotion, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 8. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or ottending physicion. signed k DUE TO buriol, Conditions, if any, which gave rise to immediate cause (a). DUE TO prior to stating the underlying cause as the has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? NO YES certificate 10 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CICAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur o.m. Nat While factory, street, office bldg., etc.) at work at work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from 1 196/, that (1) (we) last saw the deceased alive an. , and that death accurred at @ A M, fram causes and an the date stated above. 196 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, poy R M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23da LOGATION (City or Town) (County) (State) MOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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is physician. Signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remaye carban papers. Pages I and a burial, crematian, or removal, and in any event, within 72 hours after depth to burial.	Ī	PLACE OF DEA	ATH				2. USUAL RESIDENCE (Where dece	sed lived, if institu	tian: Resider	nce before	admission)	
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e Dept. af	930	OR CONTRIBL	ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	140									
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 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15193 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH O. COUNTY ARROLL MARYLAND MARYLAND CARROLL CO. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town 3 DA45 FINKSBURG RO#1 WESTMINSTER d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? 60 CARROLL CO. GEN. HOSPT. LAWNDALE AND BROWN ROADS NO requires that the death certificate be executed within carban 3. NAME OF Middle 4. DATE Doy Year DECEASED JOSHUA NELSON CORBIN NOUI 16 196 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS 7. MARRIED **NEVER MARRIED** remove lost birthdoy) Hours APRIL 25, 1874 MALE WHITT WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY CARROLL CO. MO STORE OPERATOR CHAUFFEL 14. MOTHER'S MAIDEN NAME YINGLING FLORENCE WILLIAM L, CORRIN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service MRS. AUGUST W. HEISE FINKSBURG-ROHI 213-50-6157 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Iransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) arterioscleratic seart Disease DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO P 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ . 1967 to 11/16 19 67, and that death accurred at 10 2M, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN O FUNERAL ARSHEY MA NAME (Type) I anala directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) DEER PARK CEMETERY SMALLWOOD REGISTRAR OCT 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) WESTMINISTER MD

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RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 NAME OF complete Middle 4. DATE DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdey) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from // //9 19...., 194.), that (I) (we) last 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b TO ÷ VR A1S (4)

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

ONSET AND DEATH

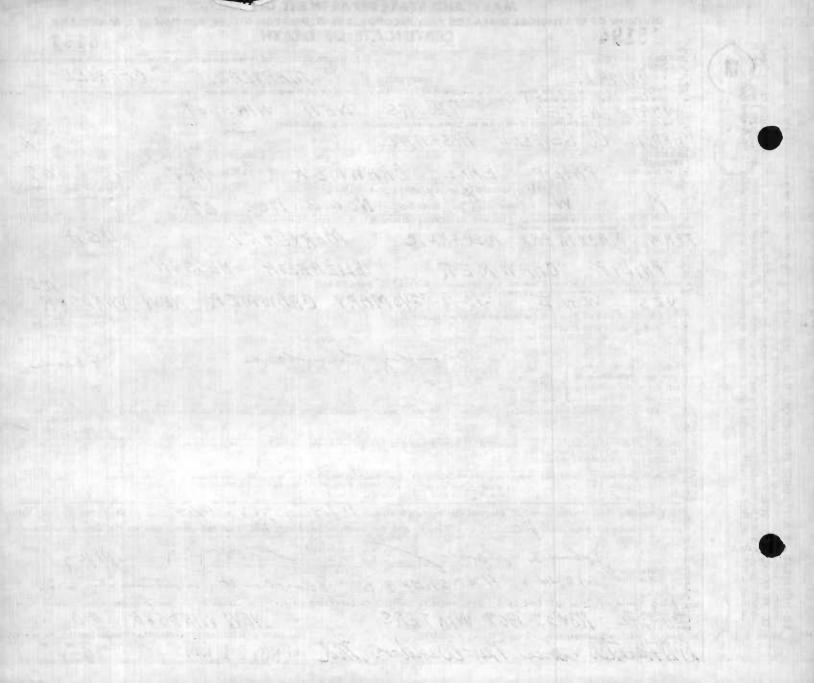
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(Steta)

22b. DATE

(State)

SIGNED



8

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15195 CERTIFICATE OF DEATH 15198 15195

1. PLACE OF DEA	TH			2. USUAL RESIDEN	NCE (Where dec			nce before admission)
a. COUNTY	. 17			a. STATE	3	b. COUN		
Carro		.74-	MARYLAND	c. CITY OR TOWN		- An II - IA IA-	Carrol	
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Westmi	Inster		21 days	Tanev	town			06-1
d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hos	spitel, give street eddress)	d. STREET ADDRESS	S			. IS RESIDENCE
	0 1 0	9 **	11.2					YES NO TH
3. NAME OF	County Gene	ral Ho		II E. Ba	ltimore			
DECEASED	Fers	•	Mlddla	Last	4. DATE	Month	Doy	Year
(Type or print)	Julia		Sabina	Dern	DEATH	//	H	1961
5. SEX				. DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
-					40	last birthdey)	Months Days	Hours Min.
Female	White	WIDOWE		larch 17, 18		yrs.	140 (17175)	OF WILLY COUNTY
done during most of	ATION (Give kind of working life, even if retir	rk 105. K	AND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Cou	unty & State, or I	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
Housewife		Overy	home	Graceham	Fred Co	Marra	II bee	S.A.
13. FATHER'S NAMI		- 17881	I IIIII	Graceham	NAME	a meet An	Leafu D.	• • • • • • • • • • • • • • • • • • • •
				575				
Lewis	EVER IN U.S. ARMED FO			Mary Bar	ton			
(Yes. no. or unkown)	[(If yes give we ror detes of	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
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	P DEATH [Enter only on	e cause per	line for (e), (b), end (c),	• OTGIETICE	neriii Te	rite A COMT	i back yir	TERVAL BETWEEN
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D ACCIDENT			119 - RLL	(Fatanantina of information	- Dod to Dod II	of item 10)		
OR CONTRIBUTI	WAS UNDERLYING A		CRIBE HOW INJURY OCCURED	, (Enter natura of injury if	n ran i or ran ii	of Hem Ib.)		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)						
20c. TIME OF I	VJURY Month, Day, Y	eer 20d.		CE OF INJURY (Home, fe		or town)	(County)	(Stete)
20c. TIME OF II	n.	While	- 1401 17 HING	ory, streat, office bldg., et	tc.)			
7.		at wo		,	1			
21. I certify	thet (I) (this hosp	itel) atten	ded the deceased from.	10/30	196.7, to	11/2	20., 1967,	that (I) (we) last
saw the dec	eased alive on	11.	20 1967, and that	death occured at	723M from	the causes	and on the c	late stated above
22e_SIGNATUI			7, and ma	deall occurso dia	Digasti, irom	1110 000000	011 1110	22b. DATE
220 019174101	"- · · · · · · · · · · · · · · · · · · ·	1	/- //	ATTENDING	MED.	STAFF		SIGNED
Mu	eens &	74	COCO Y N	I.D. PHYS.	DIRECTOR	PHYS.		11/20/67
22c. PHYSICIAN			(/(22d. ADDRESS				
NAME (T)	Vincent	J. Fic	occo	8 Anchor	St., We	estminst	er, Mary	yland
DO BINDIAL CREM	ATION, 236. DATE THE	PEOE	23c. NAME OF CEMETERY			TION (City, to)		(Stete)
REMOVAL (Spec		LILLOI	ZOC. INSINE OF CEMETERS	O. CREMITION	200. 200.			(31010)
Buria	11/25/6	7	Grace Reforme				laryland	1
24 FUNERAL DIRECT	OR'S SIGNATURE	16.1	ADDRESS		EC'D BY REGISTI	RAR 256. REC	GISTRAR'S SIGNA	ATURE
O O TO	THO HA	rele	Taneytown, Ma	rwl and DATE	# 0 1101A	1007	Ochemila	Charles
C.O. Pus	s & Son	, , , , , , , , , , , , , , , , , , , ,	Tarrey cown, ma	LY LATICE DATE	NIIV 2.7	120/	AL VASARA	1 July

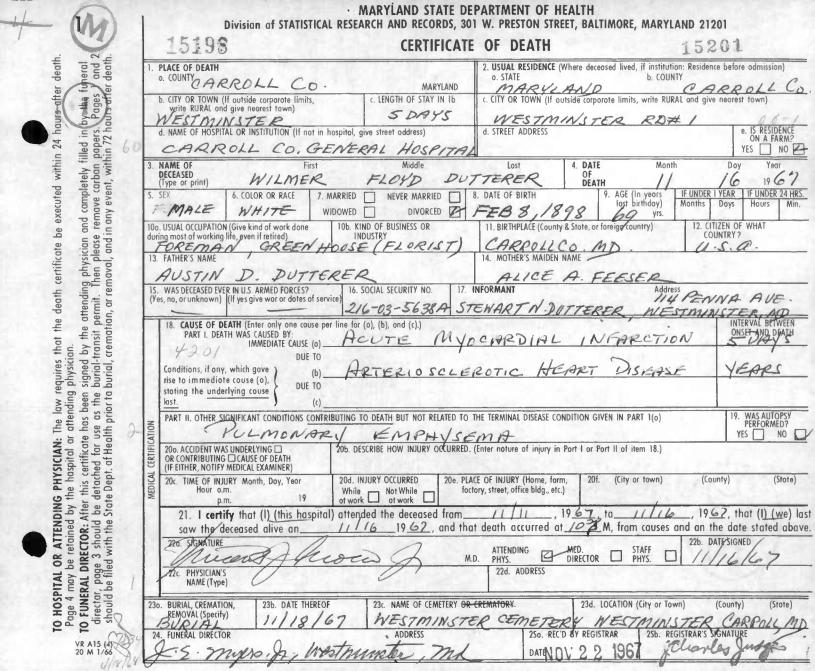
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 5196 15199 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY a. STATE Carroll MARYLAND Maryland Calvert Pages off b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) White Sulphur Springs - St. Leonard Sykesville Limos . d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled in Loring Bend Springfield State Hospital YES NO DE 3. NAME OF carbán First Middle 4. DATE Year DECEASED JAMES (NMN) camplete DOTSON NOVEMBER 19 67 10 (Type or print) DEATH and in any event, IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths Hours Male White 4-5-11 WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign cauntry) physician a during most of working life, even if retired)
Odd jobs INDUSTRY COUNTRY? West Virginia U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remova Charles Dotson Jennie Grace 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknawn) (If yes give war or dotes of service) 10 Unk. Records. SpringfieldState Hospital crematian, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) Bronchogenic carcinoma by DUE TO burial. Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause ar attending (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has NO DE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Haur a.m. foctory, street, office bldg., etc.) After at wark 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 11-10-67 19, and the 19___, that (I) (we) last M. from causes and an the date stated above. , and that death accurred at O FUNERAL DIRECTOR: SIGNATURE 22b. DATE SIGNED STAFF PHYS. 11-10-67 directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS Springfield State Hospital PHYSICIAN'S NAME (Type) Antonius Glahn. Sykesville, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)

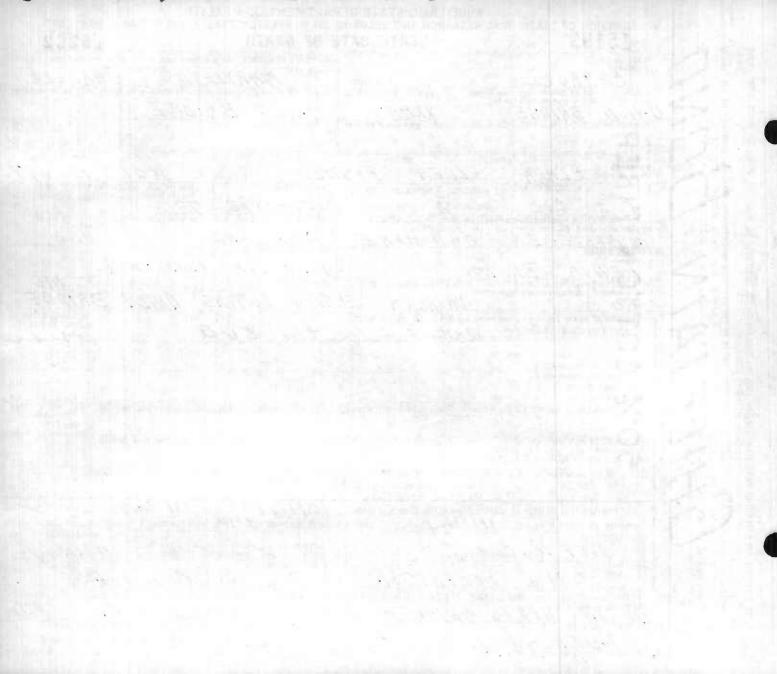
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15197 15200 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY in by the fun rs. Pages T hours offer b. CITY UR TOWN (If outside corporate limits, MARYLAND Maryland Montgomery c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) The law requires that the death certificate be executed within 24 haurs 20850 Rockville __ d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO be Springfield State Hospital 803 Manle Ave Don-NAME O 4. DATE Doy Year completely DECEASED 1967 (Type or print) DEATH Thomas Elmer Downing remove cog IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED AGE (In years lost birthdoy) Months Dovs Hours WIDOWFD DIVORCED 6-27-1928 White Male and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physicion c INDUSTRY COUNTRY? puc None 14. MOTHER'S MAIDER NAME 13. FATHER'S NAME or removol, Lincoln Downing Mahel Prose 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service Springfield State Hospital Records None No cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit burial, cremoti ONSET AND DEATH Tuberculous pneumonia IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending as the prior to Inst hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Mental deficiency, idiopathic, severe NO X certificote OR ATTENDING PHYSICIAN: 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour 'o.m foctory, street, office bldg., etc.) ot work 21. Lertify that (1) (this haspital) attended the deceased fram 7-15-66 19 101-23-67 ___, 19___, that (I) (we) last 19____, and that death accurred at Role M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: say the deceased alive an 11-23-67 22 god SIGNATURE 22b. DATE SIGNED director, page 3 DIRECTOR PHYS. 220 ADDRESS PHYSICIAN'S Sykesville, Maryland NAME (Type) Radzykewcz. Julian BURIAL CREMATION 230. 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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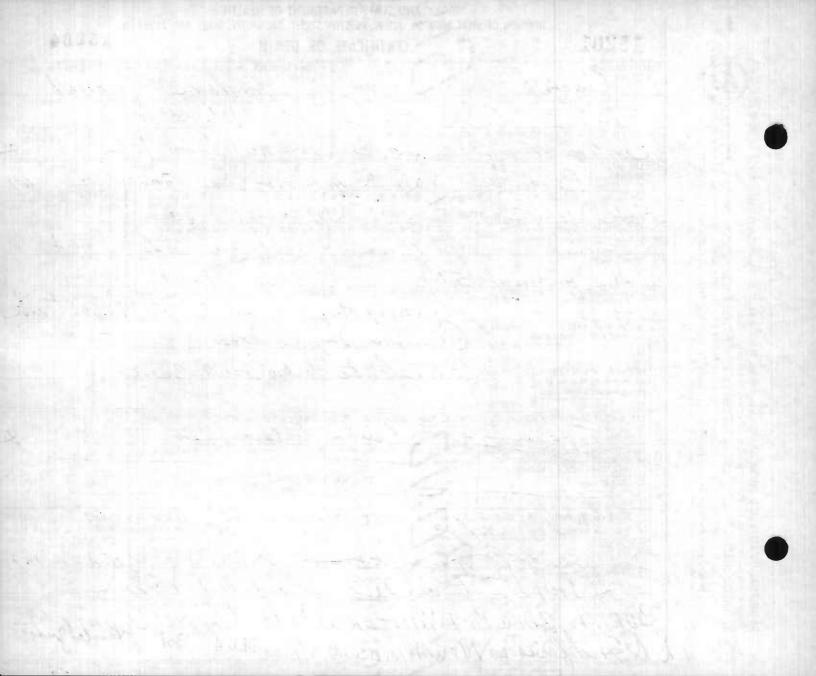
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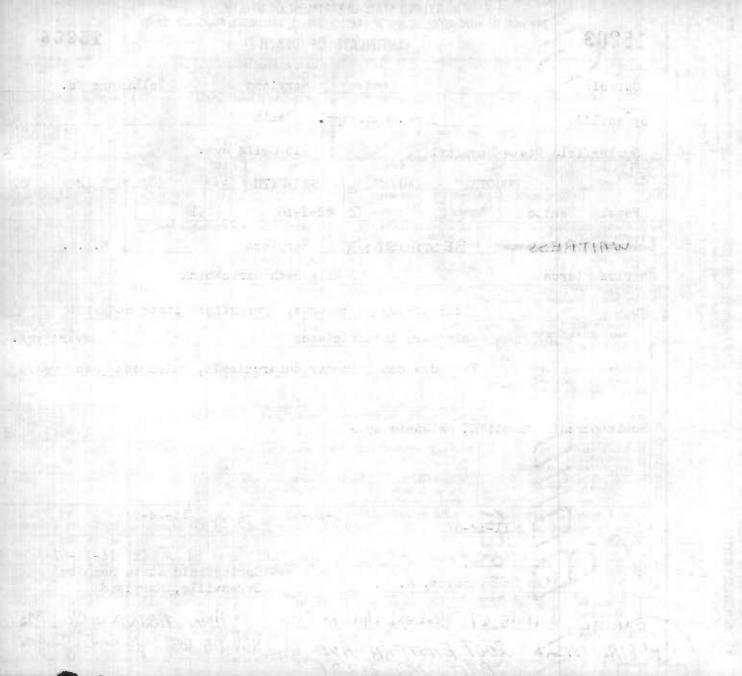
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND CARROLL CARROLL
b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) MANCHESTER WESTMINSTER d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Z CARROLL NAME OF DECEASED 23. Nov. DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days WIDOWED 7 DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPI ACE (County & State, or foreign country) done during most of working life, even if retired)
Chauffer MARYLAND Trucking USA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (If yes give wer or dates of service) 1731 Cole St. Baltimore, Md Mr. John J. Fitez INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate causa (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stata) WEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer be retained L fectory, street, offica bldg., etc.) Not Whila Hour e.m. et work at work 21. | certify that (I) (this hospital), attended the deceased from 1/21 1967, to 1/23 19.63 that (I) (we) last saw the deceased alive on 11/23 1965, and that death occurred at A.M, from the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING PHYS. PHYS. DIRECTOR FUNERAL M.D. 22d. ADDRESS 22c. PHY CIAN'S NAME (Type) director, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Emmitsburg REMOVAL (Specify) Nov. 26. 1967 Mountain View Cemetery Md. 24 FUNERAL DIRECTOR'S SIGNATURE Tipton - Eline Funeral Home Hampstead, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4

H. Children J. F. alon Jan and an analysis of the state of the advantage has brown 23 24/11 C3 24/2 C3 C4/11 Ca/9=/11 John & Harden JOHN S. HOKEMEY A. D. Thurbon M. WINTENER, well On Armstone Contents the Victorian Telephone wiscon - Wil no lumered decire jumpstoned, let-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15204 15201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLANO b. CITY OR TOWN (If autside carparate limits, .c. LENGTH OF STAY IN 15 outside carparate limits, write RURAL and give nearest town) rite/RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS papers NO T NAME OF DATE Last Month Oay Year carbo DECEASED OF DEATH arence 19 6 (Type or print) 9. AGE (In years IF UNDER IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIEO last birthday) Months MAY 31. 188 in any WIDOWED DIVORCEO YIS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 1), BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY -arres 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI removal, 104 New Wardon 16 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c). ONSET AND DEATH burial-transit PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL BISEASE CONDITION GIVEN IN PART 1(g) detached far use e Dept. af Health NO YES this certificate 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) **DIRECTOR:** After 21. Leertify that (I) (this haspital) attended the deceased fram Nov 20, 1967, ta Nov 29, 1967, that (I) (we) last saw the deceased alive an Nov 29, 1967) and that death accurred at 6:60 M, fram causes and an the date stated above. saw the deceased alive an Nov 29 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR be filed 22d_ADØRESS 22c. PHYSICIAN O HOSPITAL TO FUNERAL NAME (Type) directar, shauld b BURIAL, CREMATION 23b. DATE THEREOF (County) VR A15 (4) 25M 1/67



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		LACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed li	ved, if institut	ion: Residence	before odr	mission)
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Ī	d	. NAME OF HOSPIT	TAL OR INSTITUTION (If nat in hospitol, give street address)			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
-	5	Springfi	eld State H	Hospital		3420	Hickory	Avenu	le		□ NO □x
		NAME OF DECEASED	F	irst	Middle	Lost	4. DATE OF	Mont	th	Ооү	Yeor
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	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years	Months 1		NDER 24 HRS.
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			R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)			C4-4- II-				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15205

CERTIFICATE OF DEATH 15208 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE Carroll b. COUNTY Maryland Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Sykesville 2mo. 2ldavs Union Bridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital NO A 3. NAME OF Middle 4 DATE Lost Month Doy Year DECEASED Rebecca 19 67 Herbert 11 Sarah 21 (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR I IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 9. AGE (In years 8 dest birthdoy) Months Dovs 5/22/85 white female WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

housewife **INDUSTRY** COUNTRY? Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME V. John Francis White Emma Virginia /7/ Frank White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-32-5358 Springfield Hospital records, Sykesville, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Congestive heart failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardiovascular disease years Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) with cerebral arteriosclerosis with behavioral reaction. 19. WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (this haspital) attended the deceased fram. 19 67 19 67, that 29 (we) last and that death accurred at 10:30 M, from causes and an the date stated above saw the deceased alive on 11/21/ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 11/21/67 7.0 PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Springfield State Hospital NAME (Type) Naci N. Buyukunsal. M.D. Sykesville. Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Md. 11/24/67 Burial Loudon Park Cemetery Baltimore 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE NOV 2 4

pup OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter OULS bon papers within 72 filled corbon physicion oug removol, 0 crematian, buriol-tronsit p þ signed ottending peen the prior to SD hos of Heolth p the hospitol or certificate be retained by FUNERAL DIRECTOR: be filed director, should be 0

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MARYLAND STATE DEPARTMENT OF HEALTH

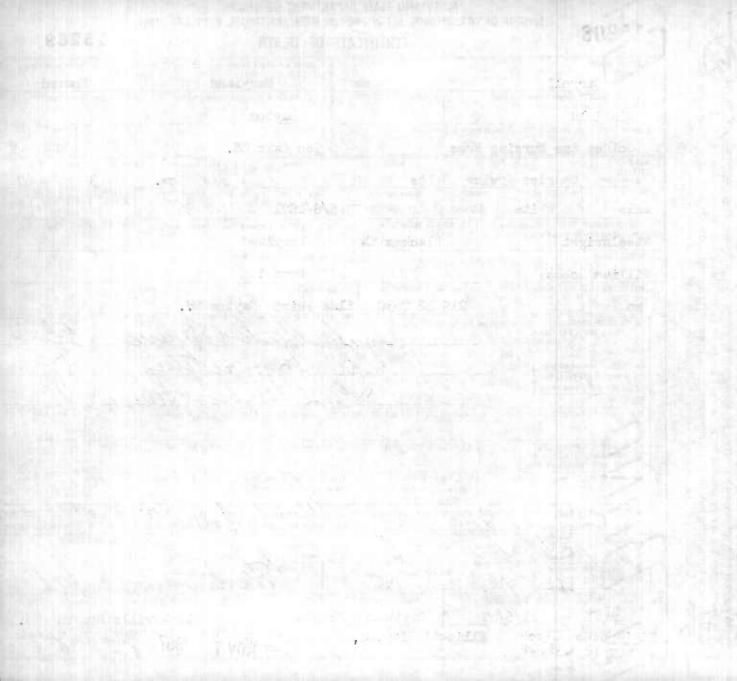
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15209

o. COUNTY					2. USUAL RESIDENCE (Where deced			nce befor	e admissio	on)	
	rroll		MARYL	LAND	o. STATE Waryland b. COUNTY Howard							
b. CITY OR TOWN write RURAL of Winfie	(If autside carparate limit and give nearest town)	ls,	c. LENGTH OF STAY IN	1 1b	c CITY OR TOWN (If or	itside carpar	ate limits, write RU	IRAL and giv	ve neares	t tawn)	2	
	PITAL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)		d. STREET ADDRESS					e. 15 RESID	DENCE	
Golder	Age Nursin	g Home			Ten Oaks I	Rd.				ON A FA	NO F	
3. NAME OF DECEASED (Type or print)	Charles Ir	irst vin g H	Middle Hobbs		Last	4. DATE OF DEATH	Nov.	th	Doy		67	
s. SEX	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH		9. AGE (In years last birthday) yrs.	IF UNDER Months	1 YEAR Days	IF UNDER Hours	24 HRS. Min.	
10a. USUAL OCCUPATION our ing most of working with the wo	ON (Give kind af work done ag lite, even if retired)	10b. KII	ND OF BUSINESS OR DUSIRY Blacksmith	n	11. BIRTHPLACE (County Marylance		areign country)		ITIZEN OF DUNTRY?			
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
William	Hobbs				Emma ?							
1S. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates o	of cervire)	SOCIAL SECURITY NO.		ormant a Shipp Da	ayton	Addr Md.	ess				
	DEATH (Enter anly one cau			4	1 12	1	11		INT	ERVAL BETY	WEEN	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE		Pine	with	o (niell	ud	Janley	1	O.	SEL AND D	EATH	
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rise to immedi stating the und last.	ote cause (a),	(c)	O DEATH BUT NOT RELA	ATED TO THE	al Ac	Les NOITION GIV	ALLUJ EN IN PART 1(0)	WH		WAS AUTO PERFORME	OPSY ED? NO	
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rise to immedi stating the uni lost. PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTE) 20c. TIME OF IN-	ote cause (a), derlying cause SIGNIFICANT CONDITIONS C VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Day, Year	(c)	SCRIBE HOW INJURY OCCURRED Not While	CURRED. (Er 20e. PLACE		Part I ar Pa		MH.		PERFORMI ES	ED?	
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rise to immedi stating the unclust. PART II. OTHER 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Haur 1) 21. I cer saw the 22a. SIGNATUR 22c. PHYSICIAN	OTE cause (a), derlying cause SIGNIFICANT CONDITIONS C VAS UNDERLYING GO CAUSE OF DEATH YMEDICAL EXAMINER) JURY Manth, Day, Year o.m. 19 tify that (I) (this hos deceased alive on TON, 23b. DATE TH	20b. DE 20d. In While at wark spital attence of the second	SCRIBE HOW INJURY OCCURRED Not While at wark deceased f	CURRED. (Er 20e. PLACE factor) fram ind that c	OF INJURY (Home, farm, street, office bldg., etc.) death occurred at ATTENDING PHYS. 22d. ADDRESS	Part I ar Part I	(City ar town)	22b. D	YI (aunty) The date	PERFORMI (S)	Stote)	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers—Rag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within My haurs g Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15210 15207 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 haurs after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) RUTAL -Sukesville Sukesville YCARS d. NAME OF HOSPIFAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Route YES X NO 3. NAME OF Middle 4. DATE Day DECEASED OF DEATH 1967 NOV. (Type or print) Howard Hobbs 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED last birthday) Dovs JU/4 /1. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) ottending physicion of the other of the other ot MARYLAND Mechanic 13. FATHER'S NAME buriol, cremation, or removal, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) signed by DUF TO 11/1/67 Conditions, if ony, which gave Arteriosclerotic heart disease through rise to immediate cause (a), DUF TO 11/6/67 stating the underlying couse Cardiac failure, acute gastric dilatation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, affice bldg., etc.) **DIRECTOR:** After Poge 4 may be retoined by 21. I certify that (I) (this haspital) attended the deceased fram Nov. 1, 19.67, ta Nov. 6, 19.67 that (I) (we) last saw the deceased alive an Nov. 6, 19.67, and that death accurred at 7 A.M., fram causes and an the date stated abave. 22b. DATE SIGNED STAFF director, poge 3 should be filed v Nov. 8, 1967 DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d ADDRESS O FUNERAL NAME (Type) Sykesville, Maryland Howard E. Hall, M.D. 230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR, CREMATORY (State) REMOVAL (Spenify)

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GO HOSPITAL 3 ATTENDING PHYSICIAN: The law requires that the death. Page 4 be retained by the hospital or attending physician.	D:	2

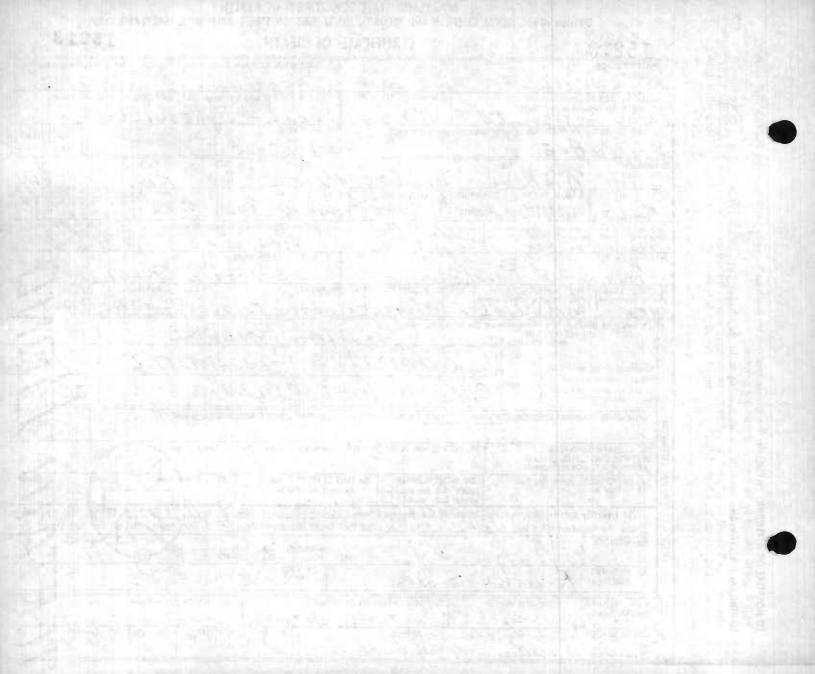
VR A15 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5910 CERTIFICATE OF DEATH

15209			CERTIF	ICAT	E OF DEA	HTA				-010		
1. PLACE OF DEAT	гн				2. USUAL RESI	DENCE (Wh	ere deceased	Lived, If In		dence before	admission)	
Carro	oll		MARY	LAND	Haryla	and		Carro	11			
	(if outside corporate limi	ts,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If outsid	a corporate li	imits, write F	URAL end gi	ve nearest to	wn)	
Rural-S	ovkesville		25 Years	3	Rural-Sylesville							
d. NAME OF HOSE	PITAL OR INSTITUTION	if not in hos	spital, give street addr	ess)	d. STREET ADD	RESS					RESIDENCE	
	R.D.				R. D.					YES	A FARM?	
3. NAME OF DECEASED	First		Middle		Last	4. DI		Month	D	ay Yes		
(Type or print)	Edwa	rd	L.		Jason	DI	EATH	Will		3 19	67	
5. SEX			D NEVER MARRIE	D 8.	DATE OF BIRTH				UNDER 1 YE		R 24 HRS.	
Male		WIDOWE			oril 14.	1891	76	birthday) yrs.	Months Day	s Hours	Min.	
	Negro		IND OF BUSINESS OR		7	(County & Sta	-1		12. CITIZEN	OF WHAT	COUNTRY?	
done during most of v	vorking life, even if retire	d)		_	~ 3.	7 ~			TT C	Λ		
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	Paul Jason					rgare	t Dor					
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No	(ii yasgi ta ii ai ai asaasa,	2	14-14-632	22 1	Mrs. Sop.	hia J	ason	San	e As	#2		
18. CAUSE OF	DEATH (Enter only one	cause per l	line for (a), (b), end (c	c).]					Ī	INTERVAL BE		
PART I. DEA	TH WAS CAUSED BY:	Co	neralize	9 00	nainama	of nn	actat			ONSET AND	onsh:	
1=150	IMMEDIATE CAUSE (a)	ue	HELATITE	Ca.	remoma	or br	USUAU	, C		_ O III	TIMIT	
1177	DUE TO	~1								-		
Conditions, if a		Chr	onic Hea	rt F	ailure					TÀ	ear	
gave rise to imme	DITE TO											
causa last.		Art	erioscle:	rosi	S					10	year	
Z PART II. OTH	ER SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO THE T	TERMINAL DIS	EASE COND	ITION GIVE	IN PART 1(a) 19. WAS		
Pnem	monia									YES T	ORMED?	
20. ACCIDENT	WAS UNDERLYING	1 20h DES	CRIBE HOW INJURY	OCCUPED	(Enter nature of inju	ry in Part Lor	Part II of ite	m 18 \		1	[25	
OR CONTRIBUTIN	G CAUSE OF DEATH	200. 003	CKIBE 110 11 11430KT	OCCONID	. (Ellier libitate of linja	.,	1011 11 01 110					
	Y MEDICAL EXAMINER)										1000	
20c. TIME OF IN.		ar 20d. While	INJURY OCCURRED		CE OF INJURY (Homeory, street, office bldg		(City or to	wn)	(County)		(State)	
P.m		at wo										
21 I certify	that (I) (this hospi	Ial) allen	ded the decease	d from	May 5	. 19 6	7 to Nov	7.3	19.6	7 that (1)	(we) last	
	ased alive on O.C		19.67, a	and that	death occurred	10 PM,	from the	causes ar	nd on the	date state	d above.	
22a. SIGNATURE	Sami	Oso	udma	ice M	ATTENDING PHYS.	MED.		AFF YS.	11-	+ - 67	b. DATE SIGNED	
22c. PHYSICIAN' NAME (Typ		rutma	n, M.D.		Obre	cht R	oad,	Syke	svill	e, Md	•	
23a. BURIAL, CREMA	TION, 23b. DATE THE	REOF	23c. NAME OF C	EMETERY (OR CREMATORY	23d.	LOCATION	(City, town	or county)	(State)	
REMOVAL (Specif	11/6/1	967	Farview	Car	eterv	0	arrol	7 Co	. Ma			
24 FUNERAL DIRECTO	DD'S SIGNATURE	70/	ADDRESS	Cell		REC'D BY		25b. REGI	STRAR'S SIG	NATURE		
C 31 37 .		الما و	ykesvill	0 31	ra l	MOLER	7 196	A	Charle		10.	
C. M. Wa.	LUZ JOY	1 1 13	A TO O A TITLE	-9 11	DA.	TE NUV	130	01 /		VA		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death death funeral 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PPOL1 24 haurs after papers Pages 1 nin 72 hours after MARYLAND by Merchant c. CILY OR TOWN (W outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 06 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS E filled YES NO E VNN and in ony event, within low requires that the death certificate be executed within NAME OF remove corbon Middle DATE Doy Year First ond completely DECEASED 19 6 (Type or print) DEATH 0 IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In veors S. SEX DATE OF BIRTH OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) dyring most of warking life, even if retired) INDUSTRY attending physicion permit. Then please INIA ORTCHER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, LIZABET WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war, or dates of service LYNN AUE POUTEY 5 212-05-40 1400 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriof-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. 208 DUE TO buriol Conditions, if ony, which gove (b) rise to immediate couse (o) DUE TO stoting the underlying couse os the prior to this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ATTENDING PHYSICIAN: The use NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 be detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda.. etc.) Hour o.m. Not While While ot work at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. poge 3 should be filed with the and that death accurred of 3 C.F. M. fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICTAN'S KES NAME (Type) 0 director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) BALTIMORE ONA TIMORE BAL 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



M. C. HADDRESS

Coffman Funeral Home Inc

Rose Hill Cem Mausoleum Hagerstown Wash Co

DATE

2Sa. REC'D BY REGISTRAR

IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS.

Hours

Days

Weeks

NO

(State)

(State)

2Sb. REGISTRAR'S SIGNATURE Milanter

1967

67 19

director, shauld b

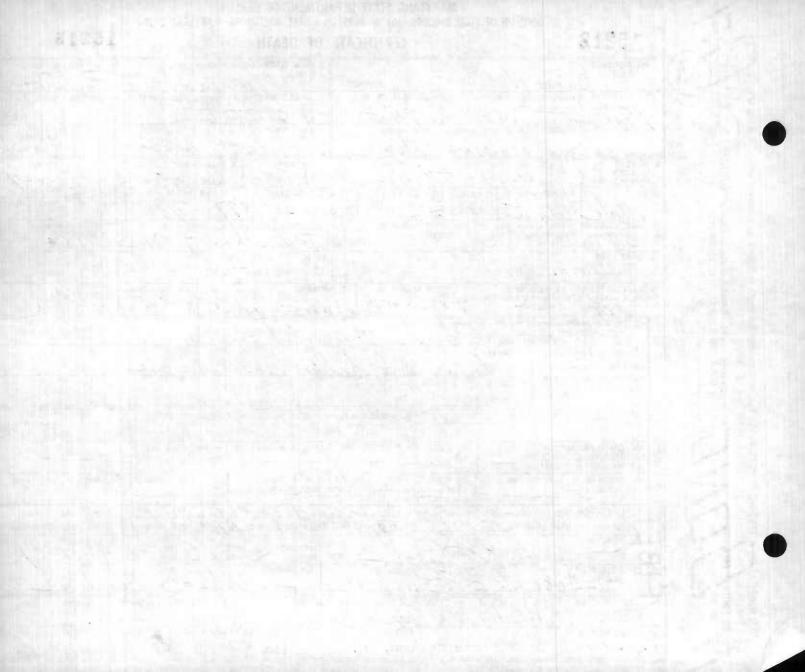
23a. BURIAL, CREMATION.

Burial (Specify)

Hagerstown

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15212 15215 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death uneral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY o. STATE b. COUNTY-MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN. 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give regrest town) unis e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ d. STREET ADDRESS filled NO X YES NAME OF Middle 4. DATE Month First Lost Doy Year DECEASED 51NS 1arles 19 6% (Type or print) OMAS DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY COUNTRY?** Tall work DUN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, William H. Larkins Annie Frank attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Nicoder (Yes, no, or unknown) (If yes give wor or dotes of service) 2 15 as low crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse peen as the OR ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION detached far use te Dept. af Health NO X YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) Not While Hour o.m. foctory, street, office bldg., etc.) of work 1967, to Mod 17 1967, that (1) (we) last 21 certify that (1) (this haspital) attended the deceased from Gpri be retained and that death accurred at 6 PM, from causes and on the date stated above saw the deceased alive an Min 1960 28a. SIGNATURE 22b. DATE SIGNED M DIRECTOR director, page 3 should be filed M.D. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 230 BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (Stote) (County) REMOVAL (Specify) Lutherville. arroll (hapel emetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Sons Reisterstown, Md.



VR A15 (4)

MARILA	AND STATE DEPARTM	MENT OF HEALT	n	
DIVISION OF STATISTICAL RESEARCH	H AND RECORDS, 301 W	PRESTON STREET,	BALTIMORE 1,	MARYLAND
15913	CERTIFICATE OF	DEATH		15217

1. PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Where de			ence belor	e edmission)
Carı	oll		MARYLAND	Maryla:	nd	b. cour	41.1		
write PIIPAL	(if outside corporate lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, writ	RURAL end giv	e nearest i	own)
Sykesvi	lle		5 Months	Baltim	ore				304
d. NAME OF HO	PITAL OR INSTITUTION	(il not in hos	pitel, give street address)	d. STREET ADDRESS	S			e. IS	RESIDENCE N A FARM?
Pull	en Nursing	Home		608 S.	Decker	Ave.			NO P
3. NAME OF DECEASED	1 First	1	Middle	Lest	4. DATE OF	Mont	h Da	у Ү	ear
(Type or print)	Lotti	2	0 1	arske	DEATH	11	7	1	967
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1 YEA	_	ER 24 HRS.
Female	White	WIDOWE	D DIVORCED D	une 6, 1894		73 ym.	Months Days	Hours	Min.
	ATION (Give kind of working life, even if retire		IND OF BUSINESS OR INDUSTR			foreign country)	12. CITIZEN	OF WHA	COUNTRY
Housewij		001		Illinois			U. S	. A.	
13. FATHER'S NAME	BEN ATTENDED			14. MOTHER'S MAIDEN	NAME				
Paul Ole	k			Antoinette		an			
15. WAS DECEASED	EVER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANTHUSBA	nd)	Addres	M	aryla	ind
No or amount	(If yes give wer or dates of	23		Joseph Mar		8 S. Dec			lto.
18. CAUSE O	DEATH [Enter only one	e cause per l		0	, ,		11	INTERVAL ONSET, AN	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	11	Gennie	Voma_	-			18	Lan
446X	DUE TO	1	1.	2 (0.	
Conditions, if a	ny, which) (b)	1/10	plowo Sole	Raso				80	12-
geve rise to imm	ediete ceuse	1	- > /	1. 1.	1.10	(1110	
(e), steting the cause last.	underlying	ser	wall zed	Hoter O	sce	ess.	2	109	12
Z PART II. OT	HER SIGNIFICANT COND	ITIONS CON	ITRIBUTING TO BEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)		S AUTOPSY
ĬHY.	(ler	en;	nal yme	umon	191			YES	NO T
OR CONTRIBUTI	WAS UNDERLYING OF CAUSE OF DEATH		CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	n Pert I or Pert I	of item 18.)			
	FY MEDICAL EXAMINER)	1		Cr Of Bulling (II	001 160		10 10		(6)
20c. TIME OF II	ı.	While	Not While fact	CE OF INJURY (Home, fa ory, street, office bldg., et		y or town)	(County)		(Stete)
		ital) atten	ded the deceased from.	6.23	19.7 10.	Nev	1947	, that (I'	(we) las
	eased alive on	1.11	19.6 7, and that		-116	The causes	- /		
22e. SIGNATUI	Zari G	u ch	un man	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.			SIGNED
22c. PHYSICIAN NAME (Ty		OA	lutman	22d. ADDRESS	By KE	2501	11e	ud	
23a. BURIAL, CREM REMOVAL (Spec	ATION, 236. DATE THE		23c. NAME OF CEMETERY		-	ATION (City, to			(Steta)
Burial	11/10/	/67	Sacred Heart	or Jesus Cer			imore,		
John J. Du		se Ave	Dundalk, Md.	2Se. R	NOV 9	1967 RE	CHAR'S SIGN	Jus	ye

chalving E Line of the state of the Tay Lackbell 12 600 Riognia Clausew Lo Lot of earth Doff and buneteent to the transfer of t 211-11-1713 in desern derent, 603 h, decker tva. Believ. STREET, TENTON OF THE PROPERTY OF THE PARTY

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

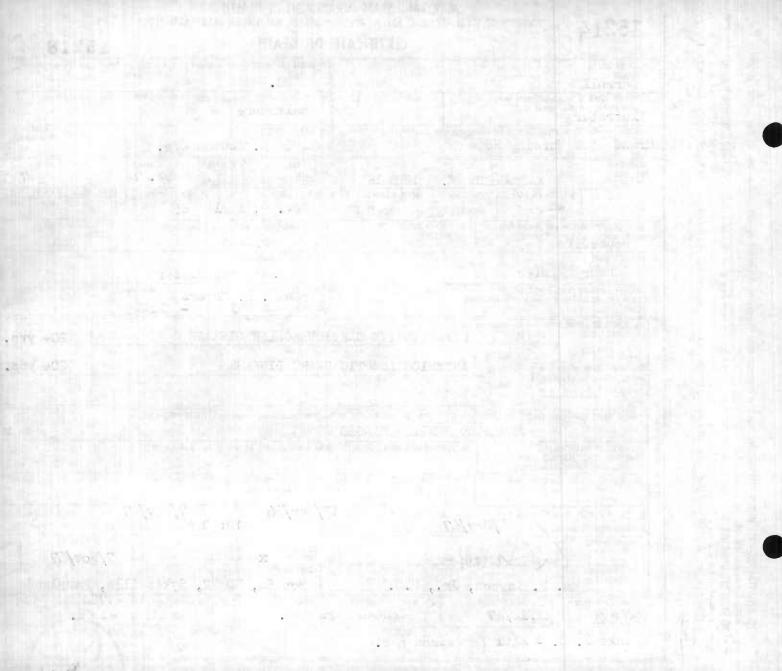
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bourgatter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15218

	CERTIFICATE	OI DEATH	OALO,								
	PLACE OF DEATH D. CQUNTY CARPOLL MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE b. COUNTY	ce before admission								
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ELGERS burg	c. CITY OR TOWN (II outside corporate limits, write RURAL and give Baltimore	neorest town)								
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) rand View Nursing Home	d. STREET ADDRESS 406 N. Loudon Ave.	e. IS RESIDENCE ON A FARM? YES NO								
	NAME OF First Middle DECEASED (Type or print) KATHARINE M. MEYERS	Lost 4. DATE Month OF Nov. 7	Doy Year 19 67								
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Nov. 9, 1881 9. AGE (In years lost birthdoy) 85 yrs.	Doys Hours Min.								
100 dur	USUAL OCCUPATION (Give kind of work done ng most of working life even if retired) HOUSEWITE INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Maryland 12. CIT COUNTY	UNTRY?								
13.	FATHER'S NAME Henry Miller	14. MOTHER'S MAIDEN NAME									
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	ortram C. H. Meyers Address Winans Way 21229									
	11200 IMMEDIATE CAUSE (0)	IOVASCULAR DISEASE	ONSE AND DEATH								
	Conditions, il ony, which gove (b) ARTERIOSCLEROTIC	HEART DISEASE	20+ yrs.								
	stoting the underlying couse DUE TO (c)		LIO WAS AUTOMY								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T ADVANCED SENILE CHANGES		19. WAS AUTOPSY PERFORMED? YES NO								
L CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Port I or Port II of item 1B.)									
MEDICAL		CE OF INJURY (Home, form, ory, street, ollice bldg., etc.) 20f. (City or town) (Cou	unty) (Stote)								
	21. I certify that (I) (this hospital) attended the deceased from 13/Mar/66, 19, ta 7/Nov/67, 19, that (I) (we) las saw the deceased grive on 6/Nov/67 19, and that death accurred at 10:40M, Arbim causes and on the date stated above										
	220. SIGNATURE ATTENDING MED. STAFF PHYS. DE DIRECTOR PHYS. 7/Nov/67										
	22c. PHYSICIAN'S NAME (Type) Wm. H. Lawson, Jr., M.D.	Box 54, RD #2, Sykesville,									
	BURIAL (REMATION, REMOVAL (Specify) 236. DATE THEREOF Loudon Par	rk Cem. Baltimore,	Md.								
24	FUNERAL DIRECTOR Witzke F. D 4101 Edmondson Ave.	250. REC'D BY REGISTRAR DATE O 8 1967 25b. REGISTRAR'S S									



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

COUNTY CITY OR TOWN (1) write RURAL and	Carroll f outside corporate limits			MARYLAND	2. USUAL RESIDENCE (a. STATE		d lived, if instituti b. COUN	VTV	efore odmissian)
CITY OR TOWN (I write RURAL and	f outside corporate limits			INICIONID	Mai	ryland		Mont	gomery /
and - Carle	give negrest town)	,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If a	utside carparate	e limits, write RUF	RAL and give nea	arest tawn)
.albyk	give negrest town)		3mo. 2	Pldays	Kensing	ton			15-2
NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospitol, g	give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
ringfie	ld State He	ospital	1		4731 Sat	ul Road	1		YES NO
	Fin	st	Middle		Lost	4. DATE	Mont	h [Day Year
	Maria	anne	M.		Michele	DEATH	1	1 :	19 19 67
(6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED		9.	AGE (In years	IF UNDER 1 YEA	
emale	white	WIDOWED	DIVO	RCED K	1/30/97	17	O yrs.	Manths Doy	ys Hours Min.
SUAL OCCUPATION most of warking I	(Give kind af wark done ite, even if retired)			R	11. BIRTHPLACE (County	& State, ar fore	ign country)	12. CITIZEN COUNTR	
					14. MOTHER'S MAIDEN	NAME			
MERETE	Trizonoulos				Robinne	2			
			SOCIAL SECURITY N	0. 17. 1		-	Addre	ess	
na, ar unknawn)		f service)				nani+al	macond	e Greke	errilla Mi
se to immediate tating the under ust.	which gove e couse (o), lying cause	(b) Lobe 10 (c)	r pneumo	nia,]	ower lobe,				Years Days 19. WAS AUTOPSY
F	sychotic re	eaction	1.					s with	PERFORMED? YES NO
R CONTRIBUTING	CAUSE OF DEATH	200. DE	SCRIBE HOW HOOK) OCCURRED.	terner norme or injury ar	POIL FOIL	ii di neiii 16.)		
Oc. TIME OF INJU Hour o.m p.m	RY Manth, Doy, Year 1. 19	While	Not While				(City ar tawn)	(Caunty)	(State)
		oital) attend	ded the deceas 19/ 1967	ed from _, and that	7/28/ death occurred at	19 67 to	11/1 fram causes	9 /, 19 <u>67,</u> and an the c	that X (we) lotate stated above
22a. SIGNATURE	Edn	Me	Zen	M.D	ATTENDING PHYS.	MED. DIRECTOR	1	- 1	
22c. PHYSICIAN'S	Edmee	17	ves, M. I	D.	22d. ADDRESS		gfield S ville, M		
NAME (Type)									
	AME OF CCASED (PPE or print) X Male SUAL OCCUPATION (PPE or print) X ATHER'S NAME MAS DECEASED EVER (Na, or unknawn) 10 18. CAUSE OF DE PART I. DEAT 4 2 0 1 Conditions, if ony, (se to immediate thating the under soft. 200. ACCIDENT WAS (PRET II. OTHER SIC CONTRIBUTING (PRET III. OTHER SIC	Trizopoulos White of CEASED (A COLOR OR RACE White or print) SUAL OCCUPATION (Give kind of work done most of working life, even if retired) SUAL OCCUPATION (Give kind of work done most of working life, even if retired) SUAL OCCUPATION (Give kind of work done most of working life, even if retired) SUAL OCCUPATION (Give kind of work done most of working life, even if retired) ATHER'S NAME MICHAEL TIZOPOULOS WAS DECEASED EVER IN U.S. ARMED FORCES? na, ar unknawn) (If yes give war or dotes ar part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Conditions, if ony, which gove life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate couse (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause life in mediate cause (o), lating the underlying cause lating the underlying cau	Trizopoulos White OF CEASED (Give kind of work done most of warking life, even if retired) White Wildows (If yes give war or dotes af service) WAS DECEASED EVER IN U.S. ARMED FORCES? Ind, ar unknawn) WAS DECEASED EVER IN U.S. ARMED FORCES? Ind, ar unknawn) WAS DECEASED EVER IN U.S. ARMED FORCES? Ind, ar unknawn) WAS DECEASED EVER IN U.S. ARMED FORCES? Ind, ar unknawn) WAS DECEASED EVER IN U.S. ARMED FORCES? IND WHITE OUT OF COUNTY WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CONTRIBUTING (COUNTY MAD IN CONDITIONS CONTRIBUTING TO COUNTY MEDIATE CAUSE (O) CONTRIBUTING (CAUSE OF DEATH FITHER NOTIFY MEDICAL EXAMINER) While of While of While of While of Ward AND COUNTY MEDIAL EXAMINER) While of While of Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED EVER IN U.S. ARMED FORCES? In County Was Under In County Medical Examiners Was DECEASED Examiners Was DECEAS	Mariame M. X 6. COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVO SUAL OCCUPATION (Give kind of work done most of warking life, even if retired) NATHER'S NAME MICHAEL Trizopoulos VAS DECEASED EVER IN U.S. ARMED FORCES? AND, or unknown) If yes give war or dotes of service) 16. SOCIAL SECURITY N 213-38-150 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CONTRIBUTING COUSE (O), loating the underlying cause Con. ACCIDENT WAS UNDERLYING DEATH SYNCTOME associated psychotic reaction. 100. ACCIDENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER) 21. I certify that (In (this haspital) attended the decease saw the deceased alive on 11/19/1967 220. SIGNATURE	Marianne Marianne	MATIANNE OF CEASED POPENTY MATIANNE MICHAEL X	Mariame M. Michele Michele	Mariane Mari	Marianne M. Michele Michele

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers. Pages VR A15 (4) 25M 1/67

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Edmis J. Recves, L. Semis

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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ed a		1. 1	PLACE OF DEATH				2. USUAL RESIDENCE (fare admissian)
- 3L			COUNTY Carroll		MAR	YLAND	d. STATE Mary	land	b. COU	Carr	oll
after			o. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If at		ate limits, write RU		
by M			write RURAL and give nearest town). Sykesville, Md.		15 day	ys	Westminst				06-1
- E 85-	10	C	I. NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, g	ive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
illed i	12	5	pringfield State Ho	spital			60 S. Co	honia	l Ave.		YES NO
A SO N			NAME OF Firs DECEASED Type or print) Dallas	t	No		Miller	4. DATE OF DEATH	Mon	th D	Year - 19 67
unted amplet ve car event		S.	EX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR	
execution and cample remave			Male White	WIDOWED	DIVORCE	D 🗆	11-20-93		lest sirthday) yrs.	Manths Day	s Haurs Min.
and and remin an		10a	USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fo	reign cauntry)	12. CITIZEN	
physician (en please aval, and i		gun	ng mast of working life, even if retired) Cab Driver	Ca	b Driver		Maryland			U.S.	A.
ifica lysic al, c		13.	FATHER'S NAME		10-54 1102		14. MOTHER'S MAIDEN		0.5		
certif p phy hen nava			Samuel Miller				Violet	Caple	8		
ding t. Th		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af		SOCIAL SECURITY NO.		NFORMANT		Addr		
attending permit. The			No	21	3-05-3781-	-В	Hospital R	ecords	s Syke	esville,	Md.
the a			18. CAUSE OF DEATH (Enter only one coust	e per line for	(a), (b), and (c).)	,					NTERVAL BETWEEN
s that t cian. I by the -transit , cremat			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0)	ronc	Wor	nemme	ree	ec:		ONSET AND DEATH
s the cian distribution of the cian distributi	/		491X DUE T	,	0 -	17	•				
uire Jysi Jne Jirial	V		Canditians, if any, which gave	0) (e	xpua	els	1 150				
requestion signature of the property of the pr		Н	rise to immediate cause (a), Stating the underlying cause	0	1000	3	~				
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ttendia as bee		Z	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COL	NDITION GIV	EN IN PART 1(a)	1	9. WAS AUTOPSY PERFORMED?
is The part of the house use alth	2	CERTIFICATION									YES NO
IAN ficat far far Hec		TEK	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar Par	rt II af item 18.)		1
SIC Ispii serti red red t. af			(IF EITHER, NOTIFY MEDICAL EXAMINER)								
PHY be how		MEDICAL	20c. TIME OF INJURY Manth, Day, Year		IJURY OCCURRED		E OF INJURY (Hame, farm		(City ar tawn)	(Caunty)	(State)
de the		ME	p.m. 19	While at war	Not While at wark	Tacto	ary, street, affice bldg., etc.)			
Afte be Sto			21. I certify that (I) (this hasp		led the deceased	from	10-20,1	9 67,1	011-4	- , 1967,	thot (I) (we) lost
N. S.		Н	saw the deceased alive on	1-4	- 1967.	and that	death accurred at	9 A. N	1, fram causes	and on the d	ate stated above.
AT SHEET SHE			22a. SIGNATURE	60	for men	as M.D	ATTENDING -	MED.	STAFF >	22b. DATE SI	GNED
OR be 1			mureo	6.	coma	M.D		DIRECTOR	PHYS.	111-9	-67.
Mak I			22c. PHYSICIAN'S NAME (Type) MARIC	E.	COMA	5.	22d. ADDRESS	ng fo	ield SI	ale Ho	rep -
Page 4 r O FUNER director, shauld t		23a	BURIAL, CREMATION, 23b. DATE THER	EOF	23c. NAME OF CEM			23d. L0	CATION (City or To	iwn) (Cour	nty) (State)
Page O FU direct share	0	×	REMOVAL (Specify) 11/7/	67	MEADO	W/31	RANCH	WE	STMINS	TER R.I). MD.
	0	24	FUNERAL DIRECTOR	-	ADDRESS		2Sa. REC'I	BY REGISTI	RAR 2Sb. R	EGISTRAR'S SIGNAT	
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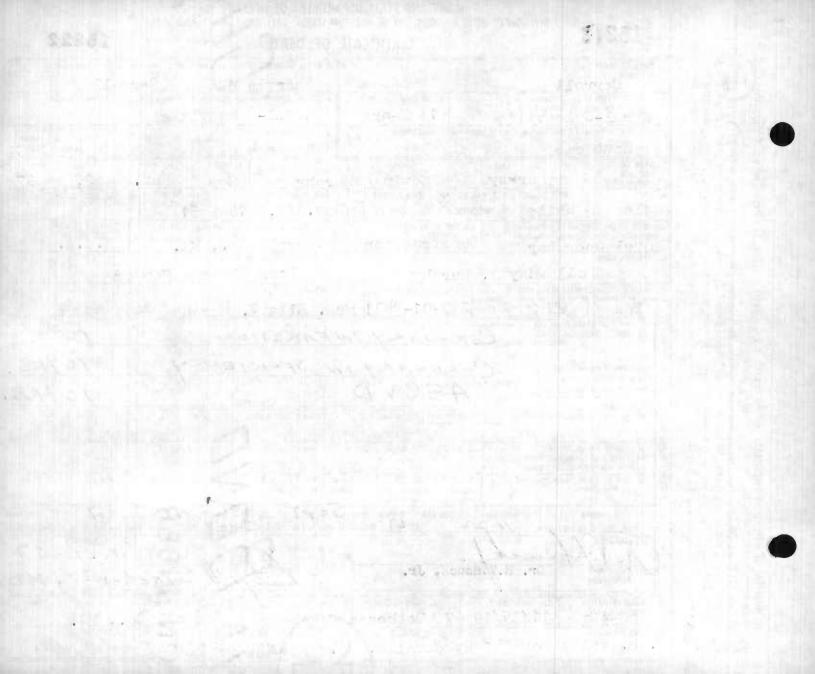
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MARYLAND STATE DEPARTMENT OF HEALTH

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Waltz Box 241 Sykesville, Md.

VR A15 (4) 25M 1/67



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4-and should be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after Geat

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

	100				CEKTIF	ICATE	OF DEATH			19	10 10	3	
		PLACE OF DEATH	RROLL		MAD	YLAND	2. USUAL RESIDENCE (Where decease	ed lived, if institu b. COU	tion: Residen	ce before	e admissi	an)
			If autside carparate limi	ts	c. LENGTH OF STAY		c. CITY OR TOWN (If au	itside corporat				t tawn)	/
		SYKESV	give negrest town)	13,	14 yr. mo		da Oakla		ie iiiiiis, wille ko	KAL UNU GIV	e neures	//	- 2
	(d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS					IS RESI	DENCE
7		Springf	ield State	Hospit	al		31 3rd S	t.				ON A F	NO X
		NAME OF DECEASED (Type or print)	JAMES	irst S	Middle RAYMOND	ř.	Lost MURRAY	4. DATE OF DEATH	Mon		Day 6	Ye	67
	S. S	SEX	6. COLOR OR RACE	7. MARRIED :	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDE	
		Male	White	WIDOWED	DIVORCE		6/5/98	3.	lost birthday) 69 yrs.	Months	Doys	Hours	Min.
	10a. duri	. USUAL OCCUPATION ng most of working Salesm	(Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryland		eign country)	12. CI	TIZEN OF UNTRY? US.	WHAT	
4	-	FATHER'S NAME	CALLS.				14. MOTHER'S MAIDEN				00,	N.	
			Thomas Muri	ray			Alice V		a Mever				
Ħ		WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17.	INFORMANT		Addr	ess			
В	(16:	no, ar unknawn)	(If yes give war ar dates	af service) 19	0-10-0614	H	lospital Rec	ords					
			EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).) Uremia						ON:	RVAL BET	
		4200		10					TIANT.				
1		Conditions, if any rise to immediat	e couse (n)		Congestive	Hea	rt Failure				ye	ears	
		stating the unde	riying cause	(c)	Arterioscl	erot	ic heart di	92292			ve	מיים	
		- 1 = 10					THE TERMINAL DISEASE COL		N IN PAPT 1(a)			WAS AUT	VZQO
3	ATION	CBS asso	c. with cer	ntral n	ervous sys	tem	syphilis, me	notic ningeo	reaction	itic,		PERFORM S	
	CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I ar Part	II of item 18.)				
	MEDICAL	20c. TIME OF INJI Haur 'a.r	10	20d. IN While			CE OF INJURY (Home, farn tary, street, office bldg., etc.		(City or town)	(Ca	unty)		(State)
		21. I certi	fy that (I) (this has eceased alive an_	spital) attend	ded the deceased 19 67 ,	from and tha	6/16/53 , 1 t death accurred of	9, to	, fram causes	and on the	7, th	at (I) (e stated	we) las d abave
		22o. SIGNATURE	Λ.	- Ozgu	ન ્	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		ATE SIGN		
1		22c. PHYSICIAN'S NAME (Type	Suha Ozgr	ın, M.	D.		22d. ADDRESS Springfi	eld St	ate Hosp	oital			
	230	BURIAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF CEMI				CATION (City or To		(County)		State)
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7 1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
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death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Resaction as STATE of the county of the	idence before admission)
after the 1 ges 1 after	-	CHYROLL MARYLAND WIGHTY LATUR	1120 LL
by the Pages urs aft		b. CITY OR TOWN (If outside corporate limits, write RURAL a write RURAL and give nearest town)	nd give nearest town)
hours Parks. Parks. Parks.	V	WESTMINSTER 49 YEARS WESTMINSTER	06-1
OO 722 See 1 1 24		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
thing a	_	101 WILLIS STREET 1101 WILLIS SIREE!	YES NO
e be executed within 24 hours sician and completely filled in by lease remove carbon papers. Pagand in any event, within 72 hours	3.	NAME OF DEGEASED (Type or print) MARY NOUNCE MVENC DEATH MONTH OF DEATH MOV	Day Year
omp ca vent	5.	OFF LOOK OF THE PROPERTY OF TH	5 19 6 7
ecution of contract of contrac	F	- ENINE A LIVE - LAST DITTINGAY) Months I	Days Hours Min.
exe n ar	10a	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
be icia sase	dur	Ing most of working life, even if retired) INDUSTRY	JNTRY?
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certificat iding phy Then p removal,		JAMES M NOLIDGE FRANCES BLACKM	BN
cel t. 1 r re	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 95	VILLIS ST
Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	(16	s, no, or unknown) (If yes give war or dates of service) 220-44-2234 JOHN E. MVERS JR. WFC	TMINKTER
e de the the true true true true true true true tru		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
at the deat lan. d by the at transit per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BLADDEN	ONSET AND DEATH
tha sich gnec al-tr		/ 8 / O	
ires than physicles signer signer burial-t		Conditions, If any, which gave rise to Immediate (b)	
ding ding been the lor to		cause (a), stating the DUE TO	
aw re ttendii has be as th prior	2	underlying cause last. (c)	119. WAS AUTOPSY
Is The land or at ficate hor use Health	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
l: Than a le of fica for Hea	IFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.)	YES NO
ING PHYSICIAN d by the hospit After this certi 1 be detached i State Dept. of	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
IYSI e hc his tach tach Dept		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
y the ser the stering of the stering	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
ATTENDING retained by CTOR: After should be vith the Stat	Σ	21. I certify that (I) (this hospital) attended the deceased from NOV 195 to NOV 196	I that (I) (we) last
R ATTENDING e retained RECTOR: A 3 should with the S		saw the deceased alive on ACLV 1.5 1967, and that death occurred a 25 M from the causes and on the	4.
AT AT SECTION WITH WITH		22a. SIGNATURE 1 22b. DA	TE SIGNED
AL OR nay be page page filed		Cornel 9 Wallwer M.D. ATTENDING TO MED. STAFF PHYS. 11-	-15-61
RAL RAL r, p		22c. PHYSICIAN'S 22d. ADDRESS 2	MAD
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: Attendinector, page 3 should be should be filed with the State	00	DELIVIEL LAVELLIVIK IVI) VVIC SITTIV SITER	(State)
Pag diri	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or courselement)	nty) (State)
- 1	24.	EUNÉRAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4)		L. E. myere, Jr. Westampter, Md. DATENOV 17 1967 goland	en Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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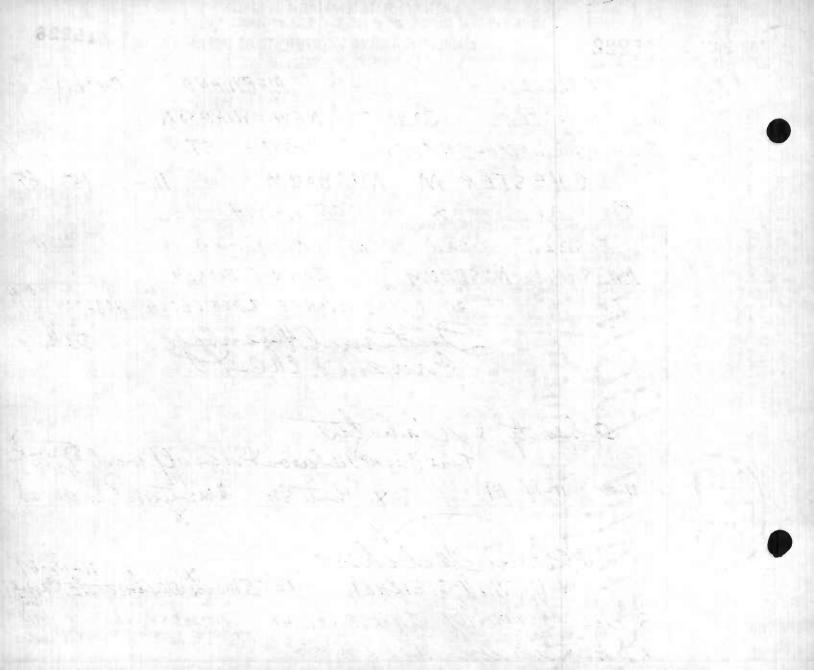
	LUGGE			CERTIFICAT	L OI DEATH						
	E OF DEATH	LL		MARYLAND	2. USUAL RESIDENCE (V	Where deceose	b, coul			e odmissio	on)
b. Cl	TY OR TOWN (If our rite RURAL and give YKESVILI	tside corparote limits e_neorest town)	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou		e limits, write RUI	RAL ond giv	e neores		-
		R INSTITUTION (If no	t in hospital a	10 mo 8 da	d. STREET ADDRESS	urg				e. IS RESID	
		ld State	, ,		16529 S.	Westl	and Driv	re .		ON A FA	
3. NAM	NE OF EASED or print)	THOM		Middle FRANKLIN	Lost NICHOLS	4. DATE OF DEATH	Mont		Doy 8	Yeo	67
S. SEX	6.	COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 09/28/89		AGE (In years lost birthdoy)	_	-	IF UNDER Hours	
10o. USL during #	IAL OCCUPATION (Given on the control of working life, of aborer	ve kind of work done even if retired)	IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County Maryl and	& Stote, or fore	eign country)	12. CI	TIZEN OF DUNTRY? US.	WHAT	
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN I	NAME					
		Pierce Ni			Sarah E	lla Ni	chols				
IS. WA	S DECEASED EVER IN	U.S. ARMED FORCES? es give wor or dotes o	16. S	SOCIAL SECURITY NO. 17	. INFORMANT		Addre	ess			
(163, IN	lo likilowii)	es give wor or dores o	30141CG)		HOSPITAL RE	CORDS					
18.	CAUSE OF DEATH PART I. DEATH W	(Enter only one cour AS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Bro	(o), (b), ond (c).) nchopneumonia					INT ON 11	ERVAL BET SET AND D	WEEN
rise	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (b) Emphysema, Chronic Bronchitis (c) Generalized arteriosclerosis ye										
Z _	Unronic	brain Sy	narome	o death but not related to assoc. with	cerebral art	eriosc	lerosis	phra		WAS AUTO PERFORM ES	OPSY ED? NO [
	. ACCIDENT WAS UND CONTRIBUTING ☐ C EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B.)				
MEDICAL 200	:. TIME OF INJURY Hour 'o.m. p.m.	Month, Doy, Yeor 19	20d IN While of work	Not While f	LACE OF INJURY (Home, farm octory, street, office bldg., etc.)		(City or town)	(Co	unty)	((Stote)
	saw the deced		oital) attend 11/8	led the deceased fram_ 19 <u>67</u> , and th	5/30 , 1 nat death accurred at	9 <u>67</u> , to 7:15 A M,		and an t	he dat		we) l
C	220. SIGNATURE PLACE TO M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 11/8/67										
22	c. PHYSICIAN'S NAME (Type)	IRA cita	V.	PATRICIO	22d. ADDRESS Springf:	ield S	tate Hos	pital			
	JRIAL, CREMATION, MOVAL (Specify)	23b. DATE THE	REOF	23c. NAME OF CEMETERY O	R CREMATORY .		ATION (City or To		(County	,	tote)
	Burial NERAL DIRECTOR	11-11-	67	Forest Oak ADDRESS		BY REGISTRA					i
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tweetel director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers: Pages Hand 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. CO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24-h Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND CLENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) and P.M3 and give nearest tawn) WINDSOK OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? form in Item 18. Give Poges 24 hours ofter death. word "pending" in pencil in Item 18. Give Pogihe Chief Medical Examiner's Office olong with 3. NAME OF 4. DATE Month Day DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Days Haurs event within 72 hours ofter death. WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) in pencil i 13. FATHER'S NAME This certificate shauld be executed within BUCKEY 17. INFORMANT Address buriol-tronsit permit. (Yes, na, or unknown) (If yes give wor or dates of service AURICELLA 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) writing the word DUE TO in any Conditions, if any, which gave rise to immediate cause (a). forwarded to DUE TO 0 stating the underlying couse 0.5 removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? please execute the certificate. NO Page 4 should be 2Do. EXTERNAL CAUSE WAS O FUNERAL DIRECTOR: Page 3 should 5 PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremotion, MEDICAL 2Dc. JIME QF INJURY Month, Day, Year 20e. PLACE OF (State) YOUR Not While at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X may be retoined for Inquiry and in my apinian funeral director. death resulted fram: Natural causes Suicide Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior TO DEPUTY DEPUTY MEDICAL EXAMINER necessory, (City or Town) (County) RS VILLE TAYLORSVILLE 2So. REC'RIBY VR A 15ME (5) DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		· ·	CERTII	FICATE	OF DEATH		15227
	PLACE OF DEATH o. COUNTY	Carroll	MAR	RYLAND	o. STATE M	Where deceosed lived, if institution: aryland b. COUNTY	Montgomery
R	b. CITY OR TOWN (If out write RURAL and give ural——Sykes	negrest town)	2mo. 150		Bethesda	tside corporote limits, write RURAL	ond give neorest town)
		State Hospi	ospitol, give street oddress)		d. STREET ADDRESS 9511 Edge	eley Road	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Minnie	Middle	2	O'Connor	4. DATE Month OF DEATH	Doy Year 16 1967
	emale	white WID	ARRIED NEVER MARRIE DOWED DIVORCE		1/26/90		UNDER 1 YEAR 1F UNDER 24 H onths Doys Hours Mi
dur	. USUAL OCCUPATION (Given ing most of working life, e	e kind of work done ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Ohio	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Wilhelm Kr	•			14. MOTHER'S MAIDEN!		
	WAS DECEASED EVER IN Uss, no, or unknown) (If ye	J.S. ARMED FORCES? s give wor or dotes of service	16. SOCIAL SECURITY NO. unknown		NFORMANT ringfield Ho	Address ospital records,	Sykesville, M
	IB. CAUSE OF DEATH PART I. DEATH W.	IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).) Acute pulmon	nary a	rtery embol	ism	INTERVAL BETWEEN ONSET AND DEATH MINUTES
	Conditions, if any, which is to immediate coustoting the underlying	ouse (o), DUE TO	Infected dec				Weeks
VIION	PART II. OTHER SIGNIFICATION DE	(c)	Pulmonary ed			NDITION GIVEN IN PART 1(o) rteriosclerosis Port I or Port II of item 18.)	19. WAS AUTOPSY PERFORMED? YES K NO
CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	(USE OF DEATH	20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Haur a.m.		20d. INJURY OCCURRED While Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State
	21. I certify the saw the decea		attended the deceased 1/16/ 1967,	fram and that	8/31/ ,) death accurred at	1:15PM, fram causes and	
	22o. SIGNATURE	Neuro	N. Em	M.D.	ATTENDING PHYS.	DIRECTOR Las (1113. Las	22b. DATE SIGNED 11/16/67
	22c. PHYSICIAN'S NAME (Type)	Renato R. E	Spina, M. D.		22d. ADDKESS S	pringfield State ykesville, Maryl	and
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 11/18/1	.967 Holy I ADDRESS		mer	23d. LOCATION (City or Town) Baltimore,	Md.
24 N	i funeral director sitchell-V	Wiedefeld	Home 6500	York	Rd. 250. REC'I	NOV 20 367 REGIST	RAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

15224

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15228

=	PLACE OF DEATH				-	Lo Hellal Becipence	art 1 12	I of the standard	D :: 1		
1	o. COUNTY					2. USUAL RESIDENCE (N		d, if institution	n: Kesidence be Y	fore odmis	sian)
	o. COUNTY CARRO)LL		MARYL	AND	O. STATE MARYL	AND	b. cooiii	FREDER	ICK	
		If outside corporate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	SYKESV	d give neorest town)		35 yrs 4 m	0 11	da Fre	derick			10	
		TAL OR INSTITUTION (If no	ot in hospite			d. STREET ADDRESS e. IS RESI					
12		eld State								ON A FARM? YES NO	
3	NAME OF	Fi	rst	Middle		Lost	4. DATE	Month	D	ay Y	/ear
	DECEASED (Type or print)	HERI	MAN	RICHARD		PETERS	OF DEATH	11	-	.0 19	1-
S	. SEX	6. COLOR OR RACE	7. MARRI	D NEVER MARRIED	DC	3. DATE OF BIRTH	9. AGE	(In years	IF UNDER 1 YEAR		ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		01/06/03	lost	birthday) 54 yrs.	Months Day	s Hours	Min.
1	Oo. USUAL OCCUPATION	N (Give kind of work done	10b	. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign co	ountry)	12. CITIZEN	OF WHAT	
d	uring most of working	inte, even it refired)		INDUSTRY		Frederi	ck County	(P	COUNTR	Y?	
	3. FATHER'S NAME	3000				14. MOTHER'S MAIDEN		7	1 004		_
	John F	eters					Mulligan				
	S. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address			
	Yes, no, or unknown)	(If yes give war or dates	of service)			Springfield	State I			nde	
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9/4	11.00	IMMEDIATE CAUSE	(o)	Incumone	9					129	A45
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	Conditions, if ony	, which gove	(b)							- 11	
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	lost.)	(c)								
_	PART II. OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTIN	G TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN P	ART 1(a)	1	9. WAS AU	ITOPSY
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MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year	2De			E OF INJURY (Home, farm		or town)	(County)		(State)
ME	Hour o.	m. m. 19		nile Not While of work	facto	ory, street, office bldg., etc.					
			-	ended the deceased f	ram	6/29/ 1	9.32 , ta	11/10	_, 1967,	that M	(wo) las
	saw the d	erensed alive an	11/10	19 <u>67</u> , a	nd that	death accurred at	35 AM from	n callees at	nd on the d	ata state	(we) ius
	22o. SIGNATURE		()	1/	ind illidi	dodin decomod di	2-111, 1141	11 (40)0) 41	22b. DATE SI		TO UDUVE
	220. 51011416112	Planne	nXo		M.D	ATTENDING	MED. DIRECTOR	STAFF PHYS.	11/	13/1	-7
	22c. PHYSICIAN'S	Calledo	14/R		m.u	PHYS. L	DIKECTOR L	PHYS.	11/	10/6	2/
1	NAME (Type	H. E. C	onnor	, Sr., M. D.			ngfield S	State 1	Hospita	1	
2	30. BURIAL, CREMATIO		EREOF	23c. NAME OF CEMET	ERY OR (CREMATORY	23d. LOCATION	4	11	ity)	(Stote)
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	24. FUNERAL DIRECTO	OR Harry	Yough	ADDRESS		2So. REC'I	BY REGISTRAR		STRAR'S SIGNAT		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Carroll b. COUNTY Carroll a. STATE delay is 0 Maryland MARYLAND CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Westminster RD#7 79 yrs Westminster RD#7 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form Hughes Shop Road Hughes Shop Road in Item 18. Give Pages State YES X NO be executed within 24 hours ofter death. 3 NAME OF the Chief Medical Examiner's Office along with First Middle 4. DATE Month Day Year DECEASED 1964 DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED lost birthday) Manths male white hours after death. August 22, 1886 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY Carroll County, Md. in pencil i 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME David R. Petry Harriet Young New Windsor, event within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FUNCES:
(Yes, na, ar unknown) ((If yes give war ar dates af service)) 212-32-3230 permit. Mrs. Andrew J. Hoff Maryland INTERVAL BETWEEN f8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the ward This certificote should DUF TO in ony Conditions, if ony, which gave rise to immediate cause (a). should be forwarded to DUF TO stoting the underlying couse 0 puo SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, please execute the certificate. be 20o. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING ☐ CAUSE OF DEATH. 20b_BESCRIBE HOW INJURY OCCURRED Enter nature of jojury in Port J or Part II of item 18.) 5 cremation, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Whife ot wark Nat Whife at wark Hactory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page pm. 7 /1-10 196 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection M Inquiry and in my opinion for death resulted from: Noturol causes Accident X Suicide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) 23b. DATE THEREO 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY PEMOYAL (Spenty) rural Westminster. 11/13/67 Meadow Branch Cemetery 24. EUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 Minules Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15227

CERTIFICATE OF DEATH

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PLACE OF DEATH a. COUNTY	Carroll		MARYL	AND	a. STATE Ma:	(Where dec			nce before	odmissi	on)
b. CITY OR TOWN RWITE RURAL a	(If outside corparate limits, give negress town)		c. LENGTH OF STAY IN 5mo. 20da	1b	c. CITY OR TOWN (If o		orate limits, write RU	RAL ond giv	e neores	town)	4
d. NAME OF HOSP	ITAL OR INSTITUTION (If nat in	hospital, g	ive street address)		d. STREET ADDRESS					IS RESI	DENCE
Springf	ield State Ho	spita	1		3231 No	rther	n Parkway			res	NO AKM!
3. NAME OF DECEASED (Type or print)	First Cori	nna	Middle		Last Rech	4. DAT	1		Day 21	Ye	67
s. sex female		MARRIED :	NEVER MARRIED DIVORCED		1/20/96		9. AGE (In yeors ast birthdoy) yrs.	IF UNDER Months	1 YEAR Days	IF UNDEI Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during mast af warking housewil	ON (Give kind of work dane a life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County				ITIZEN OF DUNTRY?	WHAT	
13. FATHER'S NAME Robert	Grant				14. MOTHER'S MAIDEN Matild:		onald				
(Yes, no, ar unknawn	VER IN U.S. ARMED FORCES? (If yes give wor or dates af se	rvice)	OCIAL SECURITY NO. 37-09-8813		nformant ingfield He	ospit	Addresal record				
	DEATH (Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO		(a), (b), and (c).) Cardiac fai	ilur	•				ONS	RVAL BEI	PEATH
Conditions, if on nse to immedia stoting the und last.	ate cause (a), (DUE TO		Arterioscle	erot	ic cardiov	ascul	ar diseas	9	У	ears	
PART II. OTHER Chronic	significant conditions cont brain syndro with psychot	RIBUTING TO	o DEATH BUT NOT RELAT SOCIATED W.	ith	HE TERMINAL DISEASE CO	ondition or rteri	OSCLETOSI	s	19. YE	WAS AUT PERFORM S	OPSY MED? NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature af injury in	Part I ar	Part II af item 18.)				
B Haur d	IJURY Manth, Day, Year D.m. 19	20d. IN While at wark	Nat While		E OF INJURY (Hame, far Iry, street, office bldg., etc		f. (City ar town)	(Co	ounty)		(State)
	tify that 🗯 (this haspite deceased alive an	al) attend	ed the deceased fr	am_ d that	death accurred a	19.67 5:30	M, frant causes	1 /, 19 and an 1	67 , the date	at 🕦 (we) las dabave
22a. SIGNATUR	6dr	1	Reens	M.D		MED. DIRECTOR			1/21	/67	
22c. PHYSICIAN NAME (Typ	Edmee J.	Reev	es, M. D.		22d. ADDRESS	Syke	ngfield S sville, M	aryla		ital	
23a. BURIAL, CREMAT	MOV 24				REMATORY IATIONALCE	23d.	LOCATION (City or To	CK	(County)	70	MD
24. FUNERAL DIRECT		XIC .	ADDRESS 7/10 BEC	LAIR	RD 250. REC	NOV REG	2 2 1967 RI	GISTRARS	SIGNATUR	Jun Jun	della

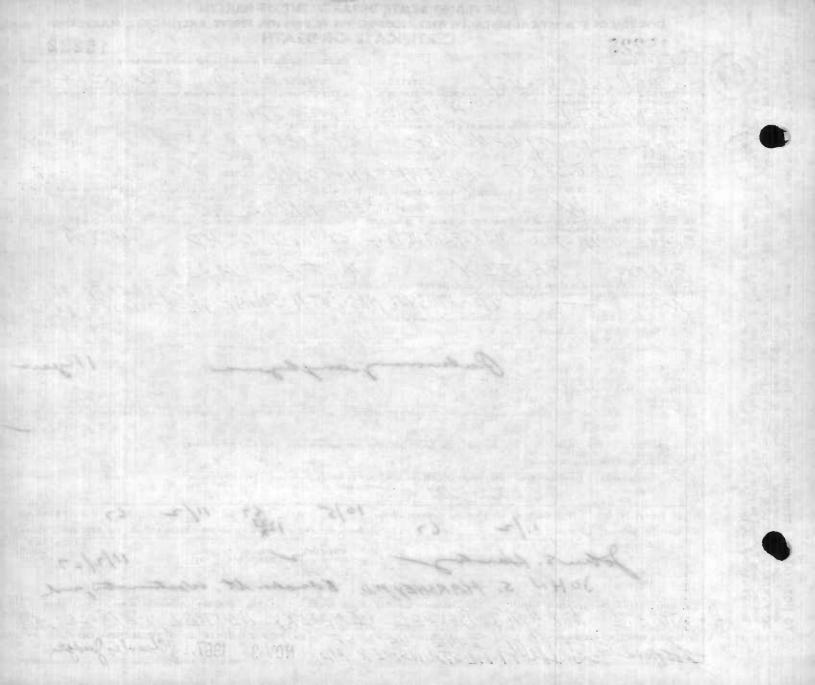
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after deat Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Year DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO G 2De. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II ol item 18.) OR CONTRIBUTING | CAUSE OF DEATH 2De. PLACE OF INJURY (Home, farm, (County) (State) 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2DI. (City or town) lectory, street, office bldg., etc.) While Not While Hour a.m. et work at work CTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from 196.7 to... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING HOSPITAL leath. Page 4 DIRECTOR 22d. ADDRESS 22c. PHYSICAN'S director, p CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) 25a REC'D BY REGISTRAR 25b. REGISTRAR VR A15 (4) 15M 7/61

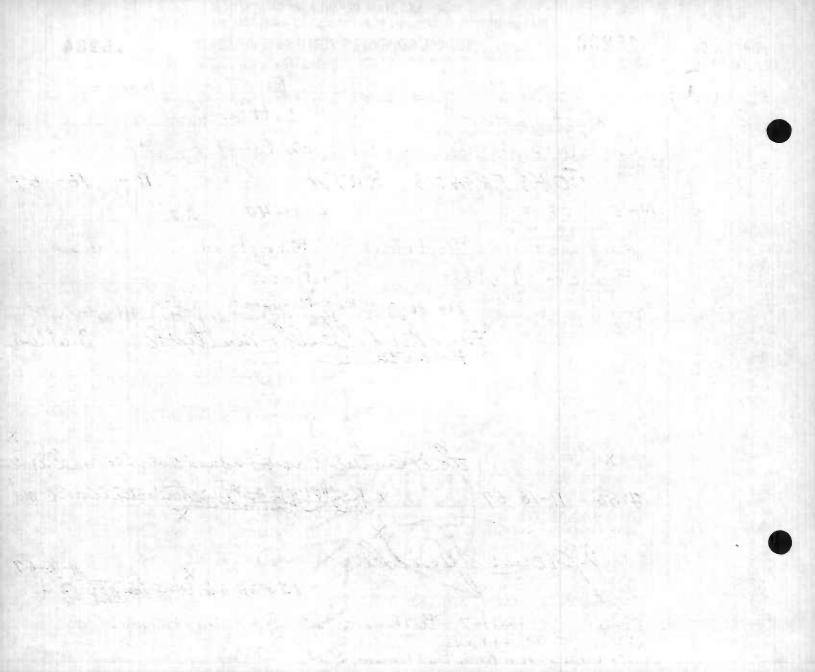


1	MARYLAND STATE DEPARTMENT OF HEALTH JUNISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# CV #:	15229 CERTIFICATE OF DEATH 15233
es Land after deat	1. PLACE DF DEATH a. COUNTY ARROLL CO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY ARROLL CO. MARYLAND
pens. Pages 72 hours aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WESTMINSTER RTHS 84RS WESTMINSTER RTHS WESTMINSTER RTHS
22	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WARFIELDS BURG. UNARFIELD SRURG. 9. IS RESIDENCE ON A FARM? YES NO PARTIELD SRURG.
I, and in any event, within	3. NAME DF DECEASED (Type or print) GERTRUDE ROHLEDER DEATH NOV. 27 1967
Ä	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 19. AGE (In years IFUNDER 14 HRS. last birthday) Months Days Hours Min. MAILE WIDOWED DIVORCED FEB 28 1903 64 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRT HPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. ROHLEDER SOPHIA THUMEL
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address CAPITOL ST.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If eny, which gave rise to Immediate cause (a), stating the underlying cause last. (b) Orderary disease First to Immediate cause (a), stating the underlying cause last.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 22 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	21. I certify that (I) (this hospital) attended the deceased from 200. 1, 1967, to 27, 1967, that (I) (we) last saw the deceased alive on 200. 251967, and that death occurred at 600, from the causes and on the date stated above.
	22a. SIGNATURE WILKENS M.D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) Dr. E REESE Wilkens 15 Kemper W. Westminter Ma
Ollic C	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 2dd. LOCATION (City, town or county) (State) REMOVAL (Specify) 1/30/67 WESTMINSTER CEM - WESTMINSTER MD. 24. FUNERAL DIRECTOR ADDRESS 1.25a. REC'D BY REGISTRAR'S SIGNATURE
B	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV 3 0 1967 ACLIANCE Judge
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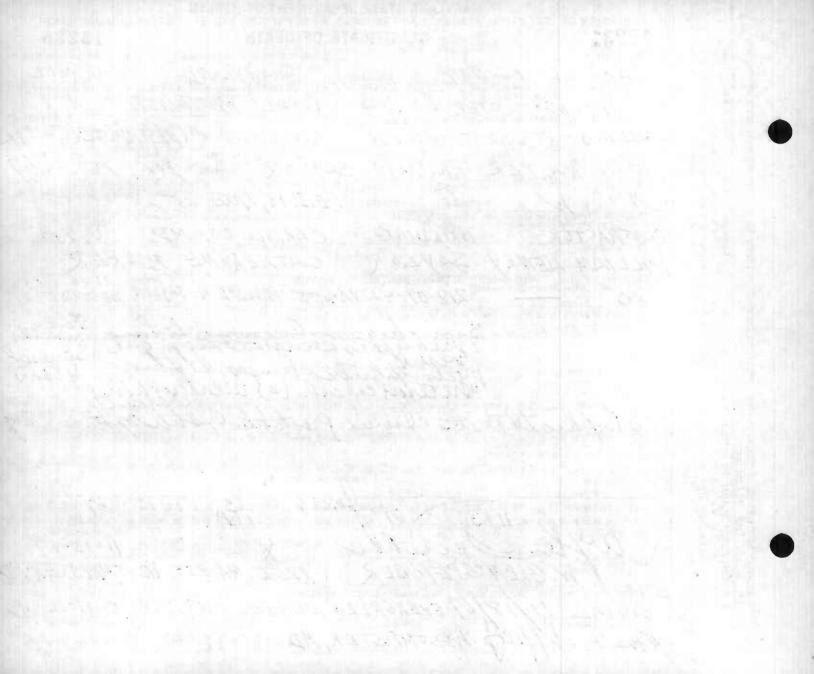
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BURIAL 1/30/67 WESTMINSTER CEM NESTMINSTER, MY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15234 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLINTY o. STATE b. COUNTY Poge deloy is MARYLAND Adams b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b. (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN pup P.M3. write RURAL and give nearest tawn) estminster d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? s, writing the word "pending" in pencil in Item 18. Give Pages farworded to the Chief Medical Examiner's Office along with La This certificate should be executed within 24 hours after death. 3. NAME OF DATE Lost DECEASED OF DEATH B. DATE OF BIRTH IF UNDER AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Davs Haurs WHITE 6-11-40 event within 72 hours after death WIDOWED DIVORCED burial-transit permit. File pages land 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Machinis-14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, or unknown) (If yes give wor or dates af service) Mrs INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY DUE TO ony Conditions, if ony, which gave rise to immediate cause (a), 2 DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS'
PERFORMED? removol, NO X the certificote, 20a. EXTERNAL CAUSE WAS PRIMARY Mor CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-nature of injury in Part I at Part II at Nem 18.) 0 EXAMINER: cremotion, 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm (County) (City or town) FUNERAL DIRECTOR: Page Nat While ot wark pleose exegure 21. I certify that I took charge of the remains described above, held Inspection X Inquiry 10 and in my opinian death resulted from: Natoral causes Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER Heolth prior to ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 23a. BURIAL CREMATION. 23b DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify) Baltim VR A15ME (5) Nicholas Melinelly 1967 tern Ave. Baltimore



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY MARYLAND b. CITY OR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) E ON A FARMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within YES NO/ within completely DATE 3. NAME DE First Middle Last Month Day Year DECEASED carl event, 19 (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX DATE OF BIRTH remove n any eve 6. CDLOR OR RACE 7. MARRIED, NEVER MARRIED last birthday) Months I Days Hours and WIDOWED DIVORCED physician a n please re val, and in a 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY certificate FATHER'S NAME MDTHER'S MAIDEN NAME attending phermit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY ND. transit permit. death (Yes, no, or unknwn) | (If yes nive war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ERVAL BETWEEN -transit law requires that the P PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed Jins been s. the burial, c. burial, c. DUE TO Conditions. If any, which (b) rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last, (c) CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DE use for use Health PERFORMED? certificate the hospital or 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: r this certifidetached for the Dept. of h MEDICAL (State) 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) State Hour a.m. Not While After pe OR ATTENDING at work at work p.m. should director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at LIVM. from the causes and on the date stated above. saw the deceased ative on DATE SIGNED 22a. SIENATURE 22b. ATTENDING MED. DIRECTOR PHYS. PHYS. O HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL, (Specify) 25b. REGISTRAR'S FUNERAL DIRECTOR ADDRESS 24. VR A15 (4) DATE N 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15232 CERTIFICATE OF DEATH 15236 PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH d. STATE Maryland Baltimore o. COUNTY Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Reisterstown 22 hrs. 30 men Westminster d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Carroll County General Hosp. 319 Estate Road YES NO X Middle 3. NAME OF Last DATE Manth DECEASED Eric William. Schultz 1967 November 30. DEATH (Type or print) 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Days Nov. 29. 1967 White WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Carroll Co., Maryland U.S. Infant

13. FATHER'S NAME or removal, Shirley L. Meisz Carlos S. Schultz signed by the ottending buriol-tronsit permit. Th IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 319 Estate Rd.. (Yes, na, ar unknown) (If yes give war or dates of service) Carlos Schultz Reisterstown, Md. None No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause prior to os the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While at work at work . 19 20. 19 2, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 11-2-7 610 66 and that death accurred at 232 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Reisterstown Meth. Cem. Reisterstown. In ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Dec.1.1967 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 DATE DEC 4 Owings Mills. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15237 15233 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Baltimore Carroll b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) This. 50 hum Reisterstown Westminster IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS oan pape Carroll County General Hosp. 319 Estate Road YES | NO 3. NAME OF Middle 4 DATE First lost Month Doy Year DECEASED Schultz DEATH November TODY Louis 67 (Type or print) 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Months Doys Burs White Male 11/29/67 WIOOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Carroll Co.. Maryland Infant TI-S-A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAM Carlos S. Schultz Shirley L. Meisz 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Estate Rd., (Yes, no, or unknown) (If yes give wor or dates of service) Carlos Schultz Reisterstown. None No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART 1. DEATH WAS CAUSED BY: ONSET AND OEATH IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the the hospital ar attending FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The use Health YES NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work ot work be retained by 21. I certify that (I) (this haspital) attended the deceased from 11/29 19 6/to 1967, and that death accurred at 1152 M, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DAJE SIGNED M.D. **OIRECTOR** PHYS Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial Dec.1.1967 Reisterstown Meth. Cem. Reisterstown. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE AODRESS 24. FUNERAL DIRECTOR Ocharles Owings Mills, Md. DATE DEC 20 M 1/66

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the death certificate be executed within 24 hours after

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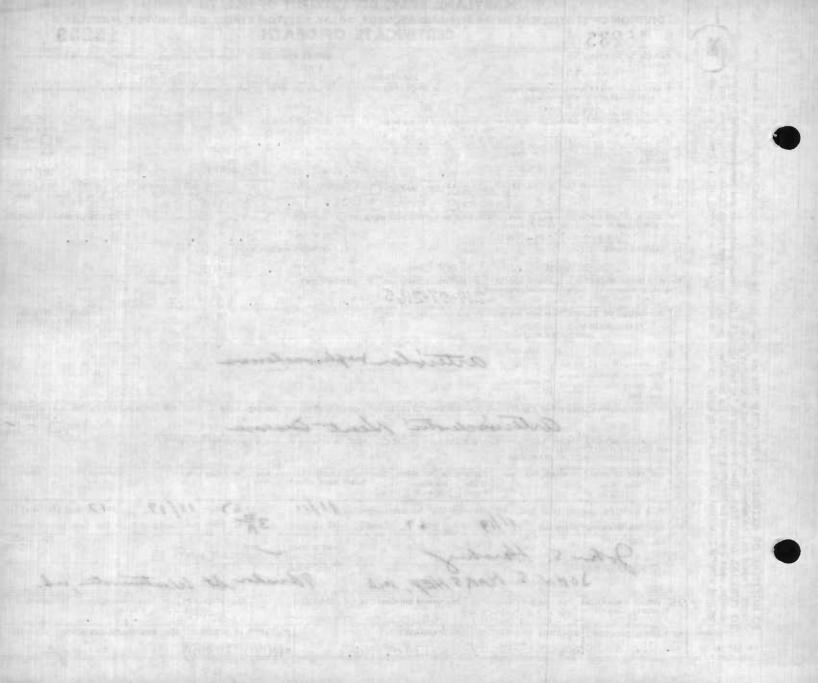
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15234 CERTIFICATE OF DEATH 15238

1. PLACE OF DEAT	гн		2. USUAL RESIDEN	ICE (Where decessed lived, If	institution: Reside	nce before edmission
e. COUNTY	Carroll	MARYLAND	a STATE Mar	yland b. cour	Carr	oll
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give	neerest town)
999	stminster	l day	New	Windsor		06.1
	PITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			. IS RESIDENCE
	rroll County Hosp		Box	106		ON A FARM?
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE Month	Day	Yeer
(Type or print)	Arlena	M •	Shaw	OF DEATH //	21	
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
Female	White widow	ED TO DIVORCED	July 23-1920	47 yrs.	Months Deys	Hours Min.
	TION (Give kind of work 10b. I	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Assembl	verking life, even if retired) E1	Lectric Co •	Wayneville	e-W.Va.	U.S.	.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
Arthur	W. Green		Glenna V	White		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1 17.	INFORMANT	Address		
(Yes, no, or unkown)	(If yes give wer or detes of service)	218-01-2187 Wa	lton F Groom	n- New Windsor-	Md 2177	6 Par 106
			reer B. dree	II- New WILLOSOI.		
	DEATH Enter only one cause per TH WAS CAUSED BY:		1/-			TERVAL BETWEEN
PARI I. DEA	IMMEDIATE CAUSE (a)	EREBRAL	HEMORRE	HAGE		4 HOURS
33/X	DUE TO				1000	
Conditions, if er	ny, which) (b)					
geve rise to imme	diete cause					
(a), steting the	underlying DUE TO					
cause last.) (c)					io was allegate
PART II. OTH	ER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT N	OF RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	EN IN PAKT I(0)	19. WAS AUTOPSY PERFORMED?
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OR CONTRIBUTING	WAS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of item 18.)		
3 20c. TIME OF IN	JURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fer	m, ; 20f. (City or town)	(County)	(Stete)
20c. TIME OF IN	-4	to thing	tory, street, office bldg., etc	c.)		
			. /-	1		
	that (I) (this hospital) after					
saw the decea	ased alive on	2/ 19.67, and tha	t death occured at.e.	2.9.M, from the causes	and on the d	date stated above
22a SIBNATURE	. 0 (.		1			22b, DATE
Mund	ent & France	-> (h		MED. STAFF DIRECTOR PHYS.		11/2/169
22. PHYSICIAN	5	20 /1	22d. ADDRESS			11/21/01
NAME (Typ	vincent J. F.	iocco-Jr.	Westmins	ster, Md. 2115	7	
On BUDIAL CREAT				23d. LOCATION (City, to		(54-4-)
REMOVAL (Specif	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY				(Stete)
Burial	Nov • 24-1967	Mt. Olivet C	emetery	Frederick,	Md. 2170)T
24 FUNERAL DIRECTO	ison & Son word	Frederick, Md.		C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNA	
			DATE	OAM TION		1

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY 24 hours b. COUNTY by the and 2 death. Carroll MARYLAND arvland Carroll b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) writa RURAL and giva nearast town) Rural-Westminst 5 Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? County General YES NO T 3. NAME OF 4. DATE Dey Month Yeer DECEASED (Type or print) DEATH SHIPLEY 1967 NOV. withi carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS last birthday) Male Oct. WIDOWED DIVORCED T physician гетоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working lile, even il retired) laintainence Man-Retlired 13. FATHER'S NAME 2 the attending Frederick C. Shinley and Mary E. Stimax Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address rs. Martha A. requires that Same permit. physician. 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH 50 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Esterola rephroscleron aftending Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. the PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. certificate CERTIFICATION 92 0 PERFORMED? use prior NO -20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of itam 18.) ò OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete Not While factory, street, office bldg., atc.) While Hour e.m. ō at work at work p.m. DIRECTOR: should be 19.6.) to 11/19, 1962, that (1) (we) last 19. 7., and that death occurred at 3 A.M. from the causes and on the date stated above 22a. SIGNATURE 22b, DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR HOSPITAL FUNERAL page with th Page 22d. ADDRESS filled v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) 0 5 3 Bethesda Cemetery Carro] 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Waltz Box 241 Sykesville. Md VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



Hampstead Cemetery

ADDRESS

23d. LOCATION (City or Town)

1967

Hampstead

2So. REC'D BY REGISTRAR

DATE NOV Q

(County)

Melionelas Judal

Carroll Co.

2Sb. REGISTRAR'S SIGNATUR

(Stote)

Md.

TO FUNERAL VR A15 (4) 25M 1/67

23o. BURIAL, CREMATION.

Burial (Specify)

24. FUNERAL DIRECTOR

Nov. 9, 1967

Tipton - Eline Funeral Home Hampstead, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b,c & d Film EGYPTICATE OF DEATH						
1. PLACE OF DEATH o. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE COUNTY / Balto.					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stresy 1774 Baltimore 21207 03.2					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Grand View Manor N. H.	d. STREET ADDRESS 6507 Windsor Mill Road e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) Hulder Louise	Sperber 4. DATE OF DEATH NOV. 15 1967					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 10/1/96 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.					
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Oscar G. Sperber	Elise Tietze					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 20-48-8327	MFORMANT Elsie Sperber Grand View Manor N. H Sykesville, Md.					
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	a-lofar INTERVAL BETWEEN ONSEL AND DEATH					
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	are of Lame School					
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \ NO \					
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20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of work of two control of t	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)					
21. I certify that (1) (this hospital) attended the deceased fram_	10-1-, 10/ to 11-15-, 10/, that (1) (WE) la					
	at death accurred at AMM, fram causes and an the date stated above					
Same I Saffel "	A.D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS.					
NAME (Type) Ja Mes 6 Jaffell	22d. ADDRESS STROSTONK, My					
REMOVAL (Specify) Burial 11/18/67 Western	Cem. Bultimore, Md.					
24. FUNERAL DIRECTOR Witzke F. D 4101 Edmondson Ave.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JULIAN STANDING TO THE PROPERTY OF THE PROP					
	1. PLACE OF DEATH O. COUNTY CATTOLI B. CITY OR TOWN (If outside corporate limits, write RURAL and, give nearest town) J. CITY OR TOWN (If outside corporate limits, write RURAL and, give nearest town) J. CITY OR TOWN (If outside corporate limits, write RURAL and, give nearest town) J. CLENGTH OF STAY IN 1b W. CLENGTH OF STAY IN 1b J. CLENGTH OF STAY IN 1b J. CLENGTH OF STAY IN 1b MARYLAND A. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Grand View Manor N. H. J. NAME OF DECEASED (Iype or print) J. S. SEX J. CLENGTH OF STAY IN 1b Middle DECEASED (Iype or print) J. S. SEX J. MARRIED J. NEVER MARRIED J. N. KIND OF BUSINESS OR INDUSTRY J. S. SOCIAL SECURITY NO. J. J. C. LINE OF DEATH (Enter only one couse per line, for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: J. MARCIDIATE CAUSE (o) J. J. L. CHIFTY MODICAL EXAMINER J. J. J. CHIFTY MODICAL EXAMINER J. J. J. C. PHYSICIAN'S NAME (J. YPPE) J. J. C. PHYSICIAN'S NAME (J. YPPE) J. J. J. C. PHYSICIAN'S NAME (J. YPPE) J. J. J. C. PHYSICIAN'S NAME (J. YPPE) J. J. J. J. S. NAME OF CEMETERY OF MODICAL EXAMINER J. J. J. S. NAME OF CEMETERY OF MODICAL EXAMINER J. J. J. S. NAME OF CEMETERY OF MODICAL EXAMINER J. J. J. S. NAME OF CEMETERY OF MODICAL EXAMINER J. J. J. S. NAME OF CEMETERY OF MODICAL EXAMINER J. J. J.					

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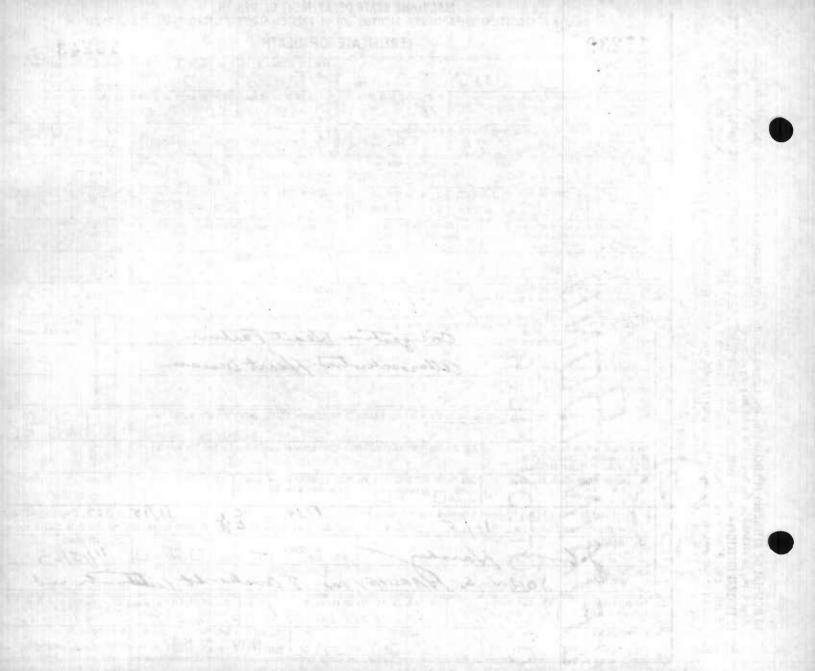
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEA O. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceosed lived, if institution b. COUNT		odmission)
b. CITY OR TO	WN (If outside corporate limits L and give nearest tawn)	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write RURA	AL ond give neorest	town)
Syke	sville	28yrs.	Limons.	Baltimor	e City		30-4
		t in hospitol, give street oddress	s)	d. STREET ADDRESS		е	IS RESIDENCE ON A FARM?
Spri	ngfield State	Hospital		2514 Boa	rman Avenue		S NO 🔼
3. NAME OF DECEASED (Type or print)	Fir	44.10		lost SPINATO	4. DATE Month OF DEATH November		Year 19 67
S. SEX	6. COLOR OR RACE White	7. MARRIED NEVER MA WIDOWED DIV	RRIED X	. DATE OF BIRTH	9. AGE (In yeors last birthdoy) 62 yrs.		Hours Min.
10o. USUAL OCCUPA	ATION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS (INDUSTRY	OR		& Stote, or foreign country) City, Maryland	12. CITIZEN OF V	WHAT
13. FATHER'S NA				14. MOTHER'S MAIDEN			
15. WAS DECEASE (Yes, no, or unknown) Unknown	D EVER IN U.S. ARMED FORCES? own) (If yes give war or dotes o	f service) 16. SOCIAL SECURITY Unknown		nformant cords,Sprin	Address gfield State Ho		s,,Md.
PART I.	DUE	TO sarcoma)		alignant tw	mor (possible		T AND DEATH
stating the lost.	underlying couse	(c) Bronchopneu	monia,	right lung			Days
PART II. OTH CBS wi	th CNS syphil	ontributing to DEATH BUT NO	ephali	tic, with p	NDITION GIVEN IN PART 1(0) sychotic react:	ion P	VAS AUTOPSY PERFORMED?
OR CONTRIBL	IT WAS UNDERLYING JTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	RY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18.)		
20c. TIME OF	F INJURY Month, Doy, Yeor ur o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work of work		CE OF INJURY (Home, form ory, street, office bldg., etc.		(County)	(Stote)
	certify that XX (this has ne deceased alive an_	pital) attended the decea	sed fram , and that		19 39 , ta <u>11-8</u> 1:45pM, fram causes a	ind an the date	
220. SIGNAT	TURE Classis	a King	M.C	1 111 01	MED. STAFF DIRECTOR PHYS.	Nov. 8,	
22c. PHYSIC NAME (Ruiz, M.D.		22d. ADDRESS Springfie	ld State Hospi	tal, Syke	s., Md.
23o. BURIAL, CRE REMOVAL (SI	if\		CEMETERY OR	mer Cem.,	23d. LOCATION (City or Tow Baltimore,		(Stote)
Burial 24. FUNERAL DIR		ADDRES!				GISTRAR'S SIGNATURE	
		nc. 5305 Har		Rd. # LytteNO		Thanks &	

ours after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fudirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours often O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-th Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 60 YES DV NO [the death certificate be executed within 3 NAME OF pan First Middle DATE Month Year Last Day and campletely DECEASED 19 Carl (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remave lost birthdoy) Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? HOUSE WI 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ULLER (Yes, na, ar unknown) (If yes give war ar dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause as the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 5 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at work at work 1960, ta. 21. I certify that (I) (this haspital) attended the deceased fram-(1/15, 1967, that (1) (we) last be retained shauld 1967, and that death accurred at 48 M, from causes and on the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D VR A15 (4) 20 M 1/66



15240

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDIL	FICATE	AF	DEATH	
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PLACE OF DEAT O. COUNTY	Carroll		MARYLAND	CTATE	here deceosed lived, if institution b. COUN	on: Residence before odmission)
RuralS	N (If outside corporate limits, and give negrest tawn) VKe SVILLE		LENGTH OF STAY IN 16 5mo. lday	Baltimore	side corporote limits, write RUR	30-4
	PITAL OR INSTITUTION (If not		street oddress)	d. STREET ADDRESS		e. IS RESIDENCI ON A FARM?
3 NAME OF	eld State Hos		Middle		ner Avenue	YES NO
(Type or print)	Mar		Clare	Strassner	4. DATE Mont OF DEATH	1 17 19 67
s. sex female	6. COLOR OR RACE white	7. MARRIED X	NEVER MARRIED DIVORCED	6/29/92	9. AGE (In years last birthday) 75 yrs.	Months Doys Hours M
100. USUAL OCCUPAT during most of work housewi .	ION (Give kind of work done ing life, even if retired)	10b. KIND INDUS	OF BUSINESS OR TRY	11. BIRTHPLACE (County & Marylan		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA		
Michael	Karwacki			Elizabeth	1 ?	
(Yes, no, or unknow no	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes of the property of th	per line for (o),	7/16/8925 Sp (b), ond (c).)		Addre	S, Sykesville, M INTERVAL BETWEEN ONSET AND DEATH
rise to immed	IMMEDIATE CAUSE (con DUE To Du	Ca	conchopneumo ardiae failu			days
Chronic 20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	SIGNIFICANT CONDITIONS COIL STORY WITH SYNGT WITH SCHOOL NAS UNDERLYING NAS U	ome assortional	ociated with reaction.	THE TERMINAL DISEASE CONE cerebral art (Enter noture of injury in Po	eriosclerosi:	19. WAS AUTOPSY PERFORMED? YES NO
2Dc. TIME OF Hour	NJURY Manth, Doy, Yeor o.m. p.m. 19	20d. INJUR While of work	Not While fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	2Df. (City or town)	(County) (Stote
	rtify that 🛱 (this haspi deceased alive an	tal) attended	the deceased from_ 19_ 67 , and th	6/16/ , 19 at deoth occurred at 5	67 to 11/17	7, 19, 67 , that 🗯 (we) and an the date stated ab
22o. SIGNATU	6dr	Od.	Cem 1	I.D. PHYS. 🗀 C	NED. STAFF	
22c. PHYSICIA NAME (Ty	pe) Edmee J.			S	pringfield St ykesville, Ma	ryland
23o. BURIAL, CREM REMOVAL (Spe Burial	Nov 20,		23c. NAME OF CEMETERY OF card Heart (Cemetery	23d. LOCATION (City or Tox Baltimore, Ma	aryland
24. FUNERAL DIRE	TOR Zeiler Inc. F	. н. 19	ADDRESS Ol Eastern		BY REGISTRAR 25b. REG DV 2 1 1967	GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hayrs after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

15245

TO ME	at at		CERTIFICATE	OI PEAIII					
1. PLACE OF DEAT	H			2. USUAL RESIDENCE	(Where dece			e before odmis	ssion)
o. COUNTY	Carroll		MARYLAND	o. STATE Ma	ryland	b. COUR	NTY .	-	1
b. CITY OR TOW	N (If outside corporate limits.		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If			RAL ond give	nearest town?)
write RURAL	ond give necrest town) /kesville		8y. 7m. 5d.	Baltimo					0.4
d. NAME OF HO	PITAL OR INSTITUTION (If not in	hospital e		d. STREET ADDRESS	1.0			e. IS RE	SIDENCE
			give silver edulessy		damana	oft Road		ON A	FARM?
3. NAME OF	eld State Hosp	LUSIT	Middle	lost	4. DATE		h		Year
DECEASED					OF				967
(Type or print)	6. COLOR OR RACE 7.	MARRIED		ugarman 8. DATE OF BIRTH	DEAT	9. AGE (In yeors	IF UNDER 1	U-4-	DER 24 HRS.
		WIDOWED	NEVER MARRIED DIVORCED	9/6/00		last birthdoy)		Doys Hours	
emale	ION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Coun	tu P State or	Of yrs.	12 (17)	ZEN OF WHAT	
uring most of work	ing life, even if retired)		DUSTRY			ioreign coontry)	COU	INTDV 2	SA
Domes:	erc			Maryla 1 14. MOTHER'S MAIDER				0.	U.R.
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	Sugarman	1.14	SOCIAL SECURITY NO. 17.	Ratche	T Sure	Addre			
(Yes, no, or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes of se	vice)				71007			- 163
no		2	20-54-6015 Spr	ingfield H	ospita	il records	в, бук	esartte	s, Ma.
	DEATH (Enter only one couse p DEATH WAS CAUSED BY:			A PARTY OF				INTERVAL B	
PART I. I	IMMEDIATE CAUSE (0).	Ca	rcinoma of the	lungs			2	ONSETAND	BULAIII
163X	DUE TO								
Conditions, if o	iote couse (o), (b)	Te	rminal broncho	pneumonia				days	
	nderlying couse DUE TO								
lost.) (c)								
PART II. OTHER			TO DEATH BUT NOT RELATED TO		ONDITION GIV	VEN IN PART 1(0)		19. WAS AL PERFOR	
Schi:	cophrenic reac	tion,	, catatonic typ	œ.				YES 🔲	NO 📧
OR CONTRIBUT	WAS UNDERLYING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury i	n Port I or Po	ort II of item 18.)			
20c. TIME OF	NJURY Month, Doy, Yeor			CE OF INJURY (Home, fa		(City or town)	(Cour	nty)	(Stote)
Hour Hour	o.m. p.m. 19	While of worl		ory, street, office bldg., et	(c.)	7			
21. I ce	rtify that 🐴 (this haspite			3/26/	19 59	ta 11/01/	196	7, that (#)	(we) las
	deceased alive an	11/0	1967 , and tha	t death accurred o			and an the	e date stat	ed abave
22o. SIGNATU	RE Resus 1	7, 5	2 144 A MI	ATTENDING D. PHYS.	MED. DIRECTOR	STAFF PHYS.	-	TE SIGNED /67	
22c. PHYSICIA NAME (T		Espi	ina, M. D.	22d. ADDRESS		ngfield Staville, M			1
23o. BURIAL, CREM. REMOVAL (Spe		IF	23c. NAME OF CEMETERY OR	. 7	23d. 1	LOCATION (City or To	wn) ((County)	(Stote)
24. FUNERAL DIRE	, /2//	10/	ADDRESS ADDRESS	250 DE	CID BY DEGIC	TPAP 1 25h DE	GISTRAR'S SIG	CNATHE	.01
Sylvan	5. Louis 15	on, I	N.C. WORLDS C. C.	NO NO	V 2 REGIS	1967 20	Liarle	a Judg	R.
- Trawn		1		DATE	. M			0 0	-31

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon gapers. Pages Acada should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs bite deat Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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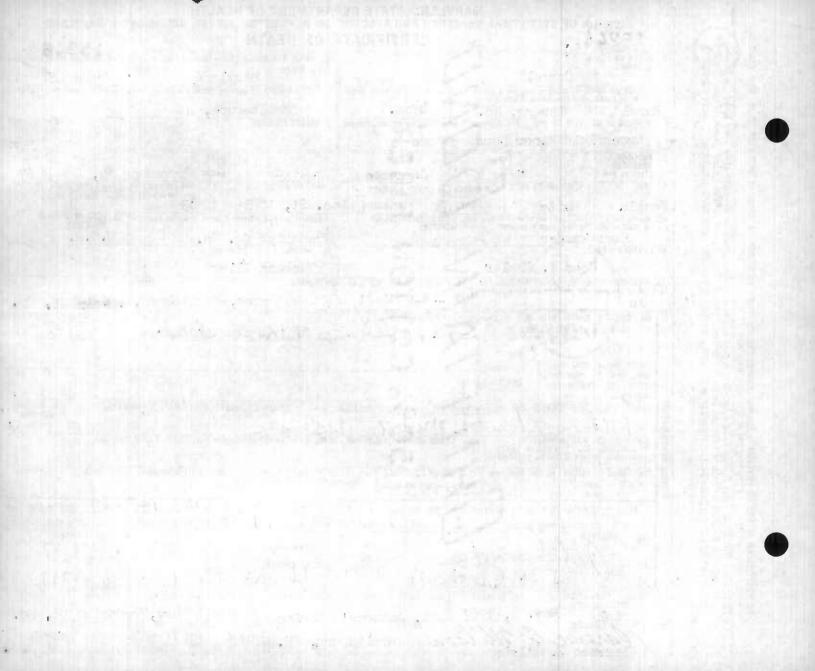
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE uneral death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. CDUNTY hours after MARYLAND outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b = e. IS RESIDENCE d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS DN A FARM? MILTON NO C executed within DATE Month Day Year 3. NAME DE First Middle Last DECEASED OVENS car event. DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED [NEVER MARRIED last birthday) Months any and DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT RTHPLACE (County & State, or foreign country) physician in please r 2 CDUNTRY? and ITTLESTOWN WIFE OUSE certificate removal. 13. FATHER'S NAME attending parmit. Then ELIZABETH 16. SOCIAL SECURITY ND. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ERIOSCLEROTIC CARDIOVASCUL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the hospital or attending physician. DISEASE burial-t burial, DUE TD law requires Conditions, If any, which (b) certificate has been gave rise to immediate the DUE TD cause (a), stating the as th underlying cause last. WAS AUTDPSY CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? ND | YES 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter neture of injury in Pert I or Part II of Item 18.) PHYSICIAN: detached f te Dept. of (State) MEDICAL (County) 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After age 3 should be defiled with the State Hour a.m. Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 100 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Page 4 may director, pag should be file 22d. ADDRESS FUNERAL PHYSICIAN'S (Stete) 23d. LDCATIDN (City, town or county) BURIAL, CREMATION, REMDVAL (Specify) 2 TMINSTE URIA REGISTRAR'S SIGNATURE ADDRESS 25b. FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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CARROLL CO MERCENDO THEREIL HALS LIMITED ROBERT MERMINISTER BLAND CARROLL CO GERT HOLFT OLD RANNELTER ROAD CARRIE MAY SULLIVAN HAS my 20, 1966 61 CLEGAL W STORE CARROLL COME. IL S. B. YPULA E. STEGNER MINNE MANNE MAKKE SAME ZISTZO-SYON MAICHARK A. SLLLIURN, ARARCIUS CONGESTIVE HERRY FAILURE 2 MOS ARTERNOSSILEROTIL HENCY DISERT YEARS 50x1773W 52138 41 d Union I Tune & See Marie E 11 11 12 12 12 VINCENT STATES IN 3 Roy 11/5/87 XEVENERS CHARLES HERMINGTER ROWN AND J. E Teapers & prestrandition Med. 111 181

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Carroll hours after Maryl and Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rbon papers. Page, within 72 hours a write RURAL and give nearest town) Middleburg. Md. 4 mo. Emmitsburg. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Brookfield Manor Nursing Home YES NO 3 executed within NAME DE Middle Last DATE Month Day Year DECEASED comple car (Type or print) Jeanette 67 Marrie DEATH November 19 Taylor 6. COLOR OR RACE | 7. MARRIED 5. SEX remove 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Hours and Dec. 21, Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? Housekeeper Frederick Co. Md. U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending phy transit permit. Then p cremation, or removal, removal John K. Taylor Theresa Click 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 217-48-2306 John Humerick, Emmitsburg, W. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY. attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as PART II_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? this certificate CERTIFICAT YES [NO X the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) t. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm. (County) factory, street, office bldg., etc.) Hour a.m. After While Not While retained by at work at work DIRECTOR: A age 3 should lied with the to Nov 21. I certify that (I) (this hospital) attended the deceased from and that douth occurred at 215M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. DATE SIGNED page ATTENDING PHYS. M.D. DIRECTOR PHYS Page 4 may PHYSICIAN'S 22c. **ADDRESS** TO FUNERAL director, p 22d. NAME (Type) CO LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) Nov. 18 Emitsburg. Frederick Burri al FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A.15 (4) 20M 1/65

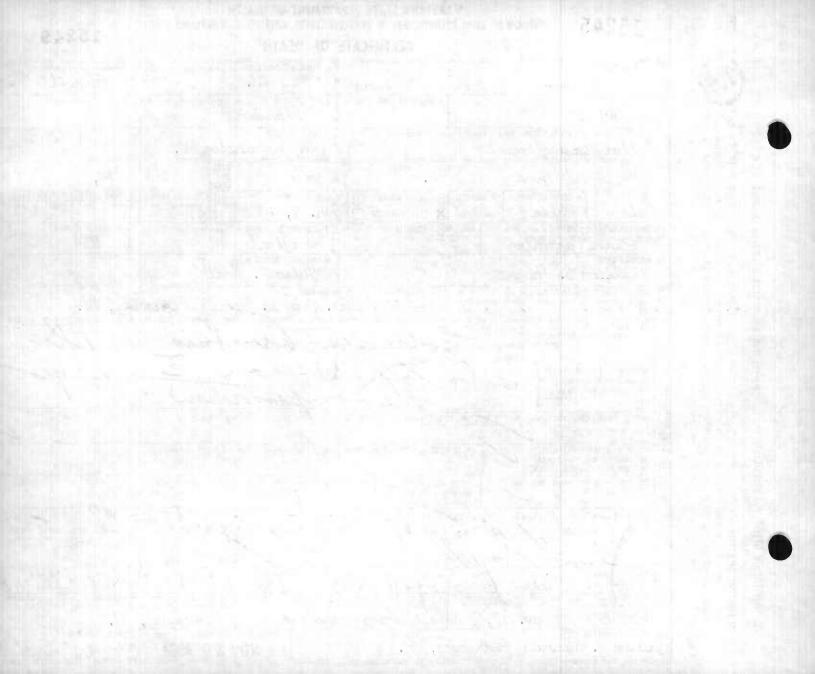


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15249

CERTIFICATE OF DEATH

difference of the control of the con		o. COUNTY Carroll MARYLAND	o. STATE	Mc. (Where deceased lived, it instit	
faurs after		b. CITY OR TOWN (If outside corporate limits, write RURAL ord/give nearest town)		TOWN (If outside corporate limits, write Rinksburg	URAL ond give neorest town)
within 24 ha		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Pullen Nursing Home	d. STREET A	DDRESS Westminster Rd.	e. IS RESIDENCE ON A FARM? YES NO
d within letely fi		(Type or print)	homas	4. DATE MODEL OF NOV	19 7
executed with and campletely remove carban n any event, with		Male White WIDOWED DIVORCED []	Jan. 9	, 1882 State birthdoy) yrs.	Months Doys Hours Min.
icate be exersizion and conplease remo	dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life even if retired) Netured (appender INDUSTRY)	Mary	ACE (County & State, or foreign country) yland	12. CITIZEN OF WHAT
eath certificate b ending physician mit. Then please ar remaval, and i	L	William S. Thomas	Jul	ia A. North	
attending p permit. The	{Yi	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If Was no, or unknown) (If yes give wor or dotes of service) 218-14-4227	s. Rub	y L. Myers Finks	burg, Md.
the the sit mat		18. CAUSE OF DEATH (Enter only one couse per line for (e); (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o)	4/1	trombnis	INTERVAL SETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached far use as the burial-transit shauld be filed with the State Dept. af Health priar ta burial, cremark		Conditions, if ony, which gove inset to immediate course (o), DUE TO) Ka	reore R	3 yes
ICIAN: The law repital or attending rifficate has been of far use as the af Health priar ta		stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	mp HE TEDMINAL	ensant	19. WAS AUTOPSY
AN: The oil or atticate has far use of Health p	CERTIFICATION	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RECEIVED TO			PERFORMED? YES NO
rsicial ospital certific hed fa					
JING PHYSIC by the hospi (fter this certi be detached State Dept. a	MEDICAL	p.m. 17 of work C glwork C	E OF INJURY ory, street, office		(County) (Stote)
retained by ECTOR: After 3 should be with the Sta			death acc	urred at M, fram cause	
OR AT be reta ble reta ble shown in a short ble 3 should be with ed with	1	220. SKONATURE M.D		DIRECTOR L PHYS.	22b. DATE SIGNED
O HOSPITAL OR Page 4 may be 10 FUNERAL DIRI director, page 3 shauld be filed v		22c. PHYS CIAN'S NAME (Type) I AMES AS STEEL M.S.	22d. AD	1/C18/5/18)	to WK, Botto M
Page 10 Fun direct shaul		BEMOVAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C BEMOVAL (Specify) Nov. 17,67 Finksburg Me			, Md.
VR A15 (4) 25M 1/67	2	george A. Nusbaum Finksburg, Md.		2So. REC'D BY REGISTRAR 2Sb. DATE NOV 2 0 1957	REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15246 15258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY CARROLL MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOIA. WESTMINISTER STMINS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE 00. ON A FARM? CARROLL 35 LIBER State YES NO in Item 18. Give Poges NAME OF First Middle 4. DATE Day y ear DECEASED DEATH NOVEMBER (Type or print) SEX AGE (In years IF UNDER lost birthday) Months Days Hours 72 hours after death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) ARROLL CO JANITOR 13. FATHER'S NAME in pencil i 14. MOTHER'S MAIDEN NAME This certificate should be executed within 17. INFORMANT 16. SOCIAL SECURITY NO writing the word "pending" i (Yes, na, or unknown) (If yes give wor or dates of service) 09-689 MRS. BESSIE event within 1B. CAUSE OF DEATH (Enter only one couse per line to: (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Canditions, if any, which gave rise to immediate cause (a), = DUE TO stating the underlying cause 0 pup 19 WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 3 shauld 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. cremation, 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection IV Inquiry ond in my opinion DIRECTOR: Notural couses M deoth resulted from: Undetermined manner Homicide CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED FUNERAL **EXAMINER'S** NAME (Type) 23d LOCA VR A15ME (5),

330 T LE STOMESTELL DUCK DE STRUMESTELL TRAPPLAND SHEETEL CARRILL CO GEN HOLDING 35 WERET ST. I TO VILLE WESTER WAY FILLEN IN MANAGEMENT - LA SEP7 3 1912 EVE SANTON AND HARMAND CHERCLE CO MO USA DIDLES K EAN FOSSEN PAR KING UAN FOSSEN - 218-09-65/4 MAS BESSIE FLANFOSIEN PARCES and the transfer the second from the second to the Addition of the state of the SHOPL WALET STMANTS CENTRED SHEEK HILLERING X 2 Telepto So Westmante Fick will in will all a long 15247

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

15251

					CLKIII	ITCAIL	OI DEATH						
	PLACE OF DEATH o. COUNTY	Carroll			MAI	RYLAND		rylan	d b. cou	NIY Bal	Ltimo	ore C	on)/
	b. CITY OR TOWN (write RURAL on Sykes V	(If outside corporated give nearest tow	e limits, n)	c, L	ENGTH OF STAY		c. CITY OR TOWN (If or Baltimor			RAL ond giv	ve neores	town)	-4
	d. NAME OF HOSPIT		,	, 3	reet oddress)		d. STREET ADDRESS unknown			7-19		e IS RESII ON A F	
3.	NAME OF DECEASED (Type or print)	Agne	First	Ros	Middle alia	Va	lost an Tuyle	4. DATE OF DEAT			Doy	Yes	
S.	SEX F	6. COLOR OR RA	7. 0.	(24	NEVER MARRI		5-20-84		9. AGE (In years last birthday) 83 yrs.	IF UNDER Months	1 YEAR Doys	Hours	Min.
10c	o. USUAL OCCUPATION ring most of working	N (Give kind of work life, even if retired) housewif		b. KIND OF INDUSTR	BUSINESS OR	,	11. BIRTHPLACE (County New Y		foreign country)	(1	TIZEN OF DUNTRY?)	
13	John B.	Kenny	mes.				14. MOTHER'S MAIDEN Margare	NAME	dy				
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Medical Record Address 220-51-6030J1 Springfield Hospital, Sykesville, Md.												
	18. CAUSE OF D	EATH (Enter only of TH WAS CAUSED B IMMEDIATE	ne couse per line Y: CAUSE (o)	e for (o), (b	b), ond (c).)		al Infarcti			als classly \	INT	ERVAL BET	
	Conditions, if ony rise to immedia stating the underlast.	te couse (o),	DUE TO (b) S DUE TO (c)	evere	Anemia	2					1	Month	15
MEDICAL CERTIFICATION			IONS CONTRIBUT				THE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(o)			WAS AUTO PERFORM	ED?
	2Da. ACCIDENT WA	phrenic S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	1 20				(Enter noture of injury in	Port I or P	ort II of item 18.)		Y	ES 📗	NO 🔀
	20c. TIME OF INJ Hour 'o. p.			Dd. INJURY While	OCCURRED Not While of work		CE OF INJURY (Home, farr ory, street, office bldg., etc.		(City or town)	(Co	ounty)	((Stote)
	21. I certify that (M (this hospital) attended the deceased from 3-31, 1956, to 11-9, 1967, that XI) (we) last saw the deceased alive on 11-9, 1967, and that death occurred of 1:34pM, fram causes and on the date stated above.												
	220. SIGNATURE 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 221. DATE SIGNED 11-9-67 222. PHYSICIAN'S 223. ADDRESS Springfield State Hos pital												
	Physician's Name (Type) Renato Espina, M.D. Sykesville, Md. 21784												
23	o. BURIAL, CREMATI RAMOVAL (Specify July		THEREOF /	7 236	NAME OF CEN	METERY OR	CREMATORY .	23d.	ocation (city of to	own) c	(County	1, (5	itote)
2	4. FUNERAL DIRECTO	V. Haio	kt	Sut	ADDRESS.	M	DATE PO	D BY REGIS	TRA 967 25b.	GISTRAR'S	SIGNATU	Judg	e.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 73 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar ottending physicion.

VR A15 (4) 25M 1/67

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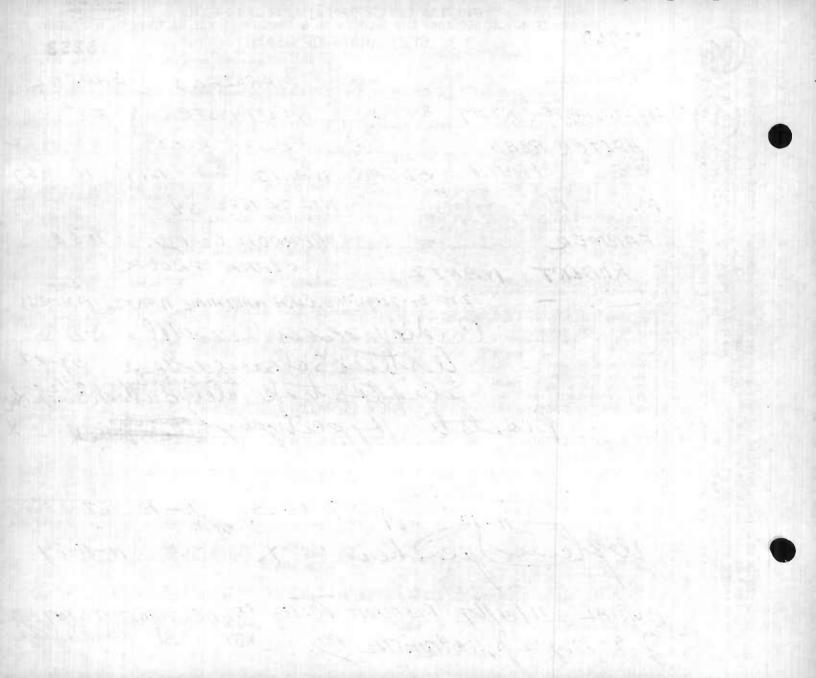
	1025	र्न	CERTIFICA	ALE OF DEATH		7.0	10000				
	PLACE OF DEATH O. COUNTY Carroll		MARYLAN	o STATE Marylan	Where deceased lived, if instituted with the condition of	unty imore Cit	by				
		If autside carparate limits, give nearest tawn)	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If a	utside carparate limits, write R	URAL and give nea	rest town)				
-		AL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?				
	Springi	ield State H	ospital	525 St	. Francis Road	i	YES NO K				
	NAME OF DECEASED (Type or print)	First JAMES	Middle S RONALD	WALKER		onth D MBER 3	Year 19 67				
S.			MARRIED NEVER MARRIED	B. DATE OF BIRTH 12-15-1890	9. AGE (In years 76 birthday)	Manths Day					
	Male		VIDOWED TO DIVORCED	nud .		10 (17177)	05 1/1/14				
duri	ing most of working	l (Give kind af wark dane life, even if retired) ne managen (1	10b. KIND OF BUSINESS OR retined		11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13.	FATHER'S NAME A	18	*	14. MOTHER'S MAIDEN NAME							
xd	ADDITION A	alker			adkomameconica)	McMahon	L				
1S. (Ye		R IN U.S. ARMED FORCES? (If yes give war ar dates af sen	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		lress					
	No			Records, Sprin	ngileld State						
		EATH (Enter anly one cause por TH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH				
	LIGIV IMMEDIATE CAUSE (a) Bronchopheumonia										
	Conditions if any which agus 2										
	Conditions, if any, which gave rise to immediate cause (a), (b)										
	stating the underlying cause DUE TO										
	last. (c)										
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?										
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature af injury in	Part I or Part II of item 1B.)		YES NO				
MEDICAL	-	JRY Manth, Day, Year	20d. INJURY OCCURRED 20e While Nat While at wark	e. PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(County)	(State)				
	21. I certify that (I) (this haspital) attended the deceased fram 9-29-67, 19, to 11-3-67, 19, that (I) (we) losaw the deceased alive an 11-3-67, 19, and that death accurred at 15 M, fram causes and on the date stated above										
	22a. SIGNATURE	(atario	a / cuis	M.D. ATTENDING D	12472 0746	22b. DATE SI					
	22c. PHYSICIAN'S NAME (Type) Octavio A. Ruiz, M. D. 22d. ADDRESS Springfield State Hospital Sykesville, Maryland										
230	. BURIAL, CREMATIO				23d. LOCATION (City or 1		nty) (State)				
230	REMOVAL (Specify)		Comptany	Baltimo	,	Md 4				
24	. FUNERAL DIRECTO	11/6/67	Greenmou	250 REC		REGISTRAR'S SIGNAT					

John A. Moran, Inc. 3000 E. Balto. St. Balto.

director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon popers. Pages Lshould be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely fairector name 3 should be detached for use as the burial-transit permit. Then please remove carbon Page 4 moy be retained by the hospital or ottending physicion.

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
AND	15249 CERTIFICATE OF DEATH 15253						
and Band	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY						
	CARROLL MARYLAND MARYLAND MARYLAND						
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE						
	ON A FARM?						
)	HALTER ROAD WES NO P						
	(Type or print) IRVIN EDGAR WANTZ DEATH NOV. 10 1967						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.						
	VIII WIDOWED DIVORCED NOV. 24, 1882 84 yrs.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	RARFOT WANTY CLARA FROCK						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
	(Yes, no, or unkown) (If yes give war or dates of service) 2-20-34-7219 MRS, CORA WAREHIME WANTZ, ADDRESS						
	18. CAUSE DF DEATH [Enter only one cause pen line for (4), (b), and (c).]						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carello Vasculas Casas (Chrose L. S.						
	DUE TO CONTROLLED ON THE CAUSE (a)						
	Cenditions, if any, which (b) Charles School Gentle Start						
	gave rise to Immediate cause (a), stating the DUE TD CO TO STATE A DESCRIPTION OF THE STATE A DESCRIPT						
	underlying cause last. (c) 2 1967 Shake weeks by the few						
	PART II. OTHER SIGNIFICANT GOOD IT IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN AVEAUT 19. WAS AUTOPS PERFORMED? 2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter puture of Injury in Part I or Part II of Nemi 18.)						
7	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CHURRED. (Enter puture of Joury in Part Lor Part II of						
	2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF COURTED. (Enter pature of Injury in Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter pature of Injury in Part I or Part II of Item 18.)						
	Hour a.m. While - Not While - factory, street, office bidg., etc.)						
	0.1 11 11 11 11 11 11 11 11 11 11 11 11 1						
	21. I certify that (I) (this hospital) attended the deceased from 1-6-59, to 1-6, that (I) (we) last saw the deceased alive on 1-6, and that death occurred at 16,400 the causes and on the date stated above.						
	22a SIGNATURE 22b. DATE SIGNED						
	Western persker M.D. ATTENDING MED. BTAFF DIRECTOR DIRECTOR PHYS. DILI-11-69						
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	REMOVAL (Specify) 11/14/67 PLEASANT HALLEY CON. NESTMINISTER RITHIND 24. FUNERAL DIRECTOR ADDRESS 1 258. REC'D BY REGISTRAR'S SIGNATURE						
7	O.S. M. My May to one Mr. NOV 1 2 1967 (Charles Judge						
	Je myon, p. 1185/mister MD. DATE 180V 13 1901 A						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15254 that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 gutside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits. Arite RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (If nat in haspital, give street address) filled NO DE YES NAME OF DATE Year carbon DECEASED OF DEATH (Type or print) event. IF UNDER 1 YEAR SEX 6. COLOR OR RACE 9. AGE (In years remave last outhday) Months Days Hours and in any DIVORCED ond 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT attending physician permit. Then please 13. FATHER'S NAME MOTHER'S MAIDEN ar removal. PERSM INFORMAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give warpridates of service) burial, crematian, signed by the c burial-transit p CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse be detached far use as the State Dept. of Health prior ta has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES [O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from that (1) (west tost A. M. from causes and an the date stated above and that death occurred at saw the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR director, page 3 shauld be filed v M.D. PHYS **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR LOCATION (City or Town) 23b DATE THEREOF (State) 23a. BURIAL CREMATION (County) 2Sb. REGISTRAR'S SIGNATURE Ocharles 1967 DATEDEC

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1,		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
मं हते मं		15252 Them #ld Fi CERTIFICATE OF DEATH	15256
e funeral	1.	PLACE OF DEATH e. COUNTY ARRAND 2. USUAL RESIDENCE (Where deceased lived, if institution: R b. COUNTY MARYLAND	esidence before admission
hours after death din by the Tunera cs. Page Land		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL SPR)	end give nearest town
4 987		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
33.00	3.	3 Hersh Avenue Nove	YES NO W
completely ve carbon event, with		Type or print) HORACE Melville Winchelt DEATH NOV.	1 1967
executed and corremove i any eve		WIDOWED DIVORCED 2-0-1145 72 yrs.	Days Hours Min.
cate be execu physician and n please remo val, and in any	dur	Da. USUAL OCCUPATION (Give kind of work done IDB. KIND OF BUSINESS OR INDUSTRY CORE INDUSTRY IDB. County & State, or foreign country) 12. CI INDUSTRY IDB. Country - MJ.	TIZEN OF WHAT
certificat iding phy Then p removal,	13.	3. FATHER'S NAME MOJES - WINEHOLT 14. MOTHER'S MAIDEN NAME Smith	
eath certific attending r ermit. Then	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Son) (If yes give war or dates of service) 219-07-1280 A CALVIN (Son)	R.D. 7
he do y the sit po		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: When a rey Enbolus Pulmenary	INTERVAL BETWEEN ONSET AND DEATH
signari uri		Conditions, if any, which gave rise to immediate (b) Venous 377513	b.
aw requir ttending p has been as the b prior to b	N	cause (a), stating the underlying cause last. The tract CHF 2° My o CARDIAL Infracts	in 6 mn
The or cate	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIAN: the hospital this certific detached for e Dept. of H	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER))
JING PHYSICI d by the hosy After this ce d be detached	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.* Not While at work of work at work of the body street, office bidg., etc.)	nty) (State)
	4		Z, that (i) we) las
TAL OR ATTENDI may be retained AL DIRECTOR: A page 3 should e filed with the S			ATE SIGNED
TO HOSPITAL OR ATTEN Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should be filed with the		22c. PHYSLOTAN'S NAME (Type) 22d. ADDRESS 19 R. dge Rd, Westmi.	nster, Md.
O FUNERAL director, p	238	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or course memory) 23d. LOCATION (City, town or cours	inty) (State)
	24	4. FUNERAL DIRECTOR LAND A WEST ABBRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
VR A15 (4) 15M 4-64	12-	- Bausmeister - Orcity Juneral Home York Pa DATE 11 2 1967 Mileste	2 Judge

A TENDER OF THE PROPERTY OF THE PARTY OF THE HOWARE Mely He Wingholf -2-7-1195 or tree a - W tolk ago to your to your to be decided - Vide and the AN- ET-FEET (May Come) - HAMLE ET YEAR STANFOLD The state of the s as were the state to the total THE TRANSPORT OF THE PARTY OF T The second the second than the second the se

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15257 CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) he funeral PLACE OF DEATH a. COUNTY b. COUNTY 4ARROLL MARYLAND ges c LENGTH OF STAY IN 1h TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town filled in by pupers. Pg MESTMINS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 60 YES NO P requires that the death certificate be executed within pan NAME OF Middle 4. DATE Year and campletely DECEASED 60 19 DFATH (Type or print Carl 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9. AGE IF UNDER 7. MARRIED NEVER MARRIED (In years birthday Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician on please HOUSE-WIF 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM BARBARA WINEBRENNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, ng. ar unknawn) (If yes give war or dotes of service crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO athernachustra Heart Duesa Conditions, if any, which gave rise to immediate couse (o). DUF TO stating the underlying couse as the priar ta has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? testinal obstruction NO O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at wark at wark , 1963, ta nor 4, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. be retained 19 67, and that death accurred at 3 A.M. fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, pu -St. Westmenste NAME (Type) OHN 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREO (County) RURAL REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR EUNERAL DIRECTOR 24. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

LEST TRANSPORTERS OF THE PARKET STATE AND THE PARKET. 17 40 E 30 E PROEBE HELEN MOODWARD BOOKS 20 1921/20130 WITH WILE - ENEDEKICK CO. Mr. A. M. W. Enine BARBARA MINERCORRA HILLIAM C NEIDIG A STEAD OF THE MEAN ASSAUTE CONTRACTOR AND THE PARTY AND THE 12 March Chathanatics Lider